

THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences.

"The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine."

—HAHNEMANN.

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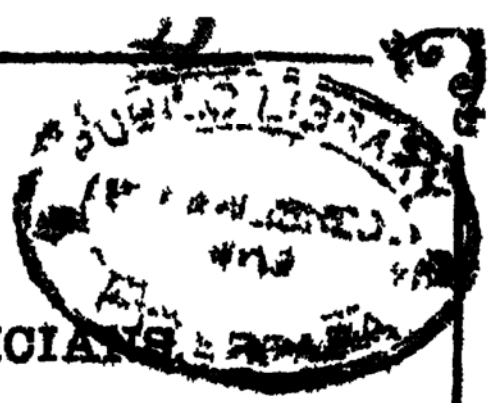
NEW YEAR. —

Once again it is our privilege to extend hearty good wishes to our numerous readers and subscribers in the new year. Unfortunately the year finds us still in the midst of war. Our difficulties were great in the past year. On account of the European war, it has been difficult to get printing materials, and we have not been able to correspond with our English and American colleagues as frequently and regularly as heretofore. The progress in the scientific world has been stagnated everywhere. Our medical confreres all over the world are handicapped in every way. The Calcutta Homeopathic Hospital has not been able to do much good work on account of lack of funds. The Calcutta School of Homeopathy has also worked under difficulties. There has been a change in the management. Dr. J. N. Majumdar is the new Secretary. We are thankful

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that we were able to continue our work inspite of all these difficulties, during the past year. We hope we shall have better prospects this year with final victory of our cause in the war. It is a very gratifying feature that America has participated in the war. It remains to be seen what our American confreres will do. We hear one thousand doctors are already in France helping our sick and wounded.

ACALYPHA INDICA.

Hemorrhage is always an alarming symptom. Nothing perhaps can put an end to our existence so quickly as the loss of this vital fluid. We are thankful that we have so many good remedies for hemorrhage. Arnica, China, Erigeron, Hamamelis are some of our sheet anchors. But in the later stages of tuberculosis, there is hardly any remedy that can check the hemorrhage effectively. We have such a medicine in Acalypha. Its action is prompt and enduring. I generally use the 3x potency. Only lately I had the case of an old gentleman of seventy, who had suffered from chronic bronchial asthma for many years. One morning suddenly a severe hemorrhage set in which began to exsanguinate him quickly and nothing seemed to be able to check it, when I was called to see him. He was bringing up large quantities of bright red blood and his pulse had already become quick and feeble. I gave him a dose of Aconite 3x and waited

half an hour. It seemed to have no effect. Two doses of Acalypha 3x promptly checked the hemorrhage.

Dr. Tonnere of this city first proved Acalypha. Tincture of this drug, prepared and administered in the sixth decimal dilution, has been considered specific for hemorrhage from the lungs. It has been found to be useful in decided cases of phthisis. Acalypha was given to Dr. Tonnere by a native of India for jaundice.

I have tried it in many cases of tuberculosis with hemorrhage from the lungs and I have been often successful. This is a remedy that is worthy of extensive trial. Early morning aggravation, hemorrhage of bright red blood, particularly in phthisical condition are its marked indications.

J N. Majumdar, M. D.

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J N. Majumdar, M. D.

CORRECT METHODS OF CHOOSING THE INDICATED REMEDY*

By Daniel E. S. Coleman, Ph. B., M.D.

Professor of Materia Medica at New York Homeo-
pathic College and Flower Hospital,
New York City.

In all-branches of science and industry little can be accomplished without a thorough understanding of the principles upon which such are founded and a practical working knowledge of their essential technic. It requires little argument to prove the utter impossibility of satisfactory achievements in the application of homeopathically indicated remedies without a knowledge of the cardinal principles and pathogeneses of the important medicines. It is of vital importance to our school that the student be completely drilled in the underlying fundamentals. He should be taught that the manifestation of disease is expressed by symptoms either objective, subjective, or both; that the knowledge of the action of drugs must be learned by provings on the healthy *human* body; that the relationship between disease and drug symptomatology is based on the law of similars, *similia similibus curantur*; that one remedy must be given at a time, the *single remedy*; that the remedy must be given in the smallest dose that will cause a reaction, the *minimum dose*.

Knowledge of the history of the discovery and

* Bureau of Homeopathy, A. J. H., 1917.

development of homeopathy by stimulating interest in its practical demonstration, cannot but enhance our ability as prescribers. Also, a knowledge of homeopathic pharmacy is essential to satisfactory results. Careless handling of drugs, ignorance of solubility and chemical action cannot but defeat the desired accomplishment in many cases. I have known men of considerable reputation to prescribe and teach the dissolving of insoluble remedies in water. We should know that the tincture and lower potencies of phosphorus will oxidize, that nitric acid and other substances cannot be potentized in alcohol until a certain degree of dilution is reached, that some drugs should be administered in dilution, while others act better in trituration, etc.

It is obvious that in order to apply remedies by the law of similars a working knowledge of our materia medica is absolutely essential. It is also of paramount importance in selecting the correctly indicated remedy that the case be properly taken.

That right methods must be employed in this important function of the homeopathic prescriber is apparent to all. It is my custom to let the patient tell his story with as little interruption as is consistent with the proper understanding of his symptoms. After this, if necessary, I cross examine, often at considerable length, until I have a comprehensive record. There is a point I wish to emphasize in connection with the manner of our interrogations. *never ask a leading question, one that can be answered by yes or no.*

The various suggestions as to the best arrangement of symptoms for the study of individual cases are familiar to the homeopathic prescriber. In Boenninghausen's celebrated "Pocket Book" we have symptoms grouped under location, sensation and modalities. Dr. Nash in his excellent little book, "How to Take the Case," puts *causes* in a separate division, which is included under *modalities* in von Boenninghausen. He also adds *constitution and temperament*. Thus we have *location, sensation, modalities, causes, and constitution and temperament*.

Another method consists of dividing the symptoms into *generals*, related to the individual as a whole ; and *particulars*, related to a particular part or parts.

After the case is properly taken the next step is *how* are we to choose the remedy ? As there are numerous roads leading to a certain objective point, so are there different methods employed in selecting the indicated drug. Some prefer one way, some another. I remember the lectures of Dr. Timothy Field Allen during my student days, in which he pointed out the characteristic symptoms and the importance which they played in the art of prescribing. During the same time these lines of Dr. Nash arrested my attention : "I will, however, state in brief my object in writing as I have, first, to fasten upon the mind of the reader the strongest points in each remedy. Good off-hand prescribing can be done in simple uncomplicated cases if we have fixed in our minds, for ready use, the characteristic symptoms. The

elder Lippe was remarkable for such ability. In actual practice there are two kinds of cases that come to every physician. One is the case that may be prescribed for with great certainty of success on the symptoms that are styled, *characteristic* and *peculiar*. (Organon, § 153). The other is where in all the case there are no such symptoms appearing. Then there is only one way, viz., to hunt for the remedy that, in its pathogenesis, contains what is called the 'tout ensemble' of the case. The majority of the cases, however, do have, standing out like beacon lights, some characteristic or keynote symptoms which guide to the study of the remedy that has the whole case in its pathogenesis."

Some object to the method of keynote prescribing, so-called, but I believe that in the majority of cases which come under our notice day in and day out we cannot hope to accomplish much without it. The great prescribers like Adolph Lippe, Henry Guernsey, Constantine Hering, were famous for their knowledge of characteristic materia medica and the ability to apply such with great accuracy in the treatment of disease. Lippe possessed this faculty to an extraordinary degree and many tales of his remarkable accomplishments have been told. A physician of considerable ability as a writer, teacher, and prescriber, worked over a case for a long time without results. After careful study, mercury seemed indicated. Finally he decided to send the symptoms to Lippe. The messenger met Lippe descending his stoop. Lippe read the symptoms

through once and wrote, "stramonium." This remedy cured. Passing through the ward of a hospital one day he observed a woman who had been an inmate for many months without improvement in her condition. He stopped and observed her. "Dat voman wants zinc," he said. Zinc cured.

I have been in close relationship with some of the best prescribers of our day, like Edmund Carleton, Eugene Nash, Willard Ide Pierce. The great bulk of their prescriptions were made from their knowledge of *characteristics*.

No greater fallacy exists than that "keynote" prescribing, so-called, is careless. It requires far greater insight into our materia medica to have at our finger ends the characteristic symptoms of our important remedies than to mechanically work out nearly every case which presents itself. As the violinist practices daily upon his chosen instrument, repeating and repeating the same exercises, so should the prescriber study materia medica. While it is admitted that the picture of a drug's general action should be thoroughly impressed, the *characteristics* must be committed to memory. Frequent self-quizzing is essential to the attainment of this.

Failure to appreciate the great importance of characteristics often leads to failure in selecting the proper remedy. I remember a cardio-nephritic case which had been worked out at great length by an excellent materia medicist without the proper remedy having been selected. The symptoms were as follows :

Great weakness and exhaustion, dyspnea, scanty albuminous urine, aggravation about midnight, fear, restlessness and relief from heat. Arsenicum album was indicated and helped much. Several weeks ago I had a woman patient in my office and, after long questioning, I had not arrived at a conclusion as to the remedy. I was becoming discouraged, when she uttered a deep sigh. This led to the consideration of ignatia. This single keynote pointed to the remedy which covered the case in its totality, and the result proved the remedy to be correct. This indicates how necessary it is that we obtain *all* the symptoms from a patient, otherwise the characteristics may be missed. Nothing is more foreign from my mind than approval of snap-shot prescribing without due consideration of the totality of the symptoms. If it were not for *characteristics* or *keynotes*, however, to guide the way as the signs along the road point to the direction of an objective point, the task of the homeopathic prescriber would be hopeless and homeopathy would crumble by weight of its own inadaptability.

Ordinarily modalities rank first in importance, next sensations, and then location. This relation was impressed on my mind when I was a student. It was the custom of the late Dr. Henry M. Dearborn, that great dermatologist, to assign students to cases appearing at the dispensary. We were supposed to diagnose and suggest remedies. A fellow-student and myself were sent out of the lecture room with a patient. We diagnosed her disease as herpes zoster, but were

undecided as to the remedy. The character of the lesions, *vesicular*, suggested *rhus tox*, but the modality, *relief of burning and itching by application of heat*, pointed to *arsenicum*. We concluded to let Dr. Dearborn decide. That keen observer, quick and accurate prescriber, selected *arsenicum* because of the *amelioration from heat*. The case progressed more rapidly than any he had ever seen. It must be remembered that in some cases the characteristics may be found under sensation, as the feeling of hard boiled egg in the stomach of *abies niger* or under location, as the purple, protruding piles (P. P. P.) of *aesculus*, or the triangular red tip of the tongue of *rhus tox*, etc. The last symptom is a pure keynote. Red tip of tongue is found under a number of remedies, but *triangular* red tip under *rhus tox* alone. I have observed this symptom many times, but the great modalities of this remedy, relief from motion, aggravation on first beginning to move with relief from continued motion, aggravation in damp weather or a low form of restless delirium, were present. As the cases improved in their totality so would the red triangle proportionally diminish, but would not fade entirely until all the symptoms had disappeared. The relief from exercising in the cool, open air of *pulsatilla*, the aggravation from motion of *bryonia*, the aggravation of the cough and dyspnea on sitting up of *laurocerasus*, the aggravation of the skin symptoms from the heat of the bed and from washing of *sulphur* are familiar examples of the great importance of the modalities in prescribing.

There are times, however, when we are obliged to prescribe on objective symptoms alone. This is particularly true of skin diseases.

When and how to use the repertory is a question of vast interest to every homeopathic physician, and many ideas as to correct methods are entertained. My conclusions are those of an individual; some may differ, some may agree; it is a personal equation.

1. When should the repertory be used? *When no prominent characteristics appear or when we cannot remember them.* The over-use of the repertory in every day practice produces mechanical prescribers, discourages the systematic study of our drugs and destroys the power of making rapid drug selections. That the repertory is an essential part of the homeopathic physician's armamentarium no one can deny, but it must be used with discretion. It is an index only to our remedies, pointing the way to the unknown. There are a number of repertories, many of them on special subjects. Various methods are employed in repertory analysis. It is not necessary to work out all cases in entirety when the use of this index is required. Often an unknown or forgotten characteristic symptom or symptoms can be quickly found which will lead to the choice of a remedy. Sometimes in complicated cases it is necessary to employ more elaborate measures. The two most important general repertories are those of Boenninghausen and Kent. The Boenninghausen method consists of making a list of the remedies affecting a certain anatomical part, *location*;

the sensation experienced, *sensation* ; the aggravations and ameliorations, *modalities*. Dr. Nash adds *causes* and *constitution*, and *temperament*. In Boenninghausen's "Pocket Book" drugs are divided into five ranks : Capitals, Antique, Italic, Roman, Roman in parentheses (rarely used).

In arranging the remedies for analysis, each is given its value by a number of strokes, and the remedy having the highest number is probably the indicated one. We should never prescribe, however, without a careful study of the materia medica, especially if several remedies stand out prominently. Various schemes have been invented to save the time of writing the names of the remedies : printed checking lists of remedies, Dr. William J. Guernsey's or Dr. H. C. Allen's slips, perforated cards, etc.

In using Kent's Repertory, a different method is used. Symptoms are divided into *generals*, related to the individual, and *particulars*, related to a part or parts. First we take the symptoms found under *generals*, then those found under *particulars*, and add up the valuations. Kent gives three degrees. A simplified method consists of taking an important rubric, always a *general*, containing a number of remedies as a starting point. In the second rubric we choose those drugs only which appear in the first, in the third those appearing in the second, and so on, eliminating as we proceed until one remedy only is left. Although this may lead to good results in some cases, it must be used with caution because we may

throw out some strong characteristic. These are often found under particulars. Again, the result is not based on the totality. *Remember to always study the materia medica after the repertory analysis is completed.* It is an index simply, and should be used as such.

Correct methods of prescribing necessitate : (1) *A knowledge of homeopathic principles and materia medica.* (2) *Familiarity with characteristic symptoms upon which the bulk of our prescriptions depend.* (3) *The use of the repertory when the characteristics do not stand out prominently, or when they are unknown or forgotten.* — *Journal of the American Institute of Homeopathy.*

SCOPOLAMINE HYDROBROMIDE ; PROVINGS AND VERIFICATIONS*

BY ROYAL E. S. HAYES, M.D.,

WATERBURY, CONN.

Mind

Sense of propriety lost.

Kicked up his heels and laughed loudly on the street.

Walked into patient's houses, going through the rooms without removing his hat.

At toilet, without closing the door, spread feet apart and urinated noisily.

Laughed loudly at people on the street.

When meeting a person on the street, he stopped and turned, following him with his vision, a long distance up the street.

(Verified in two cases of nervous exhaustion.)

In his writings, he afterwards found a jumble of unintentional statements, interspersed with partly correct statement.

Events of the day, or whatever happened to pass through his mind, ran off at the end of his pen, instead of what he had intended to write.

Condition of dreaming while yet awake.

Unable to hold his thoughts to the subject in hand.

During conversation, branched off to other topics having no connection with the subject under discussion.

Answered first part of a question correctly, but before ending would ramble out ideas quite foreign to first statement.

At times suddenly realised that he had been talking nonsense, and asked what he had just said.

The same feature was noticed in writing, the early part of a sentence being correct, the ending dealing with something else.

Bearing as of one intoxicated with alcohol.

(People were convinced that he was drunk.)

Load laughing, especially when mistakes were pointed out.

Unconsciousness.

Swooning, especially when rising, after having lain in bed a few hours. (1st, 3rd and 30th.)

When consciousness returned, unable at first to tell where she was ;

Unable to remember when and how she got to bed.

Found herself lying on a rug beside the bed, after rising sometime during the night (30th).

Cheerfulness ; usually cheerful and animated.

Mind unusually clear and active, as if stimulated by wine and by company.

Expression lively.

Speech lively.

Desired company so she could talk and be sociable.

Sober spirits ; at first cheerful,

Later, dull and sober.

Expression careworn and sad.

Silent mental suffering.

Aversion to company.

Dull, silent.

Restlessness ;

Wants to be moving and employed.

Uneasiness.

Sadness. Forsaken attitude, as if everybody was against her.

Crying easily,

Treatful resentment at supposed slights.

Disposition mean.

Destructive ; impulse to smash things, without provocation.

Irritated at trifling mishaps.

Felt mean toward people ; thought they felt the same toward her.

Hallucinations :

Sees faces and people, men and boys, when closing eyes.

SENSORIUM AND NERVES.

Intoxication sensation, as from alcoholic spirits.

Mind clear, legs unsteady.

Staggering without dizziness.

Sense of location uncertain.

Obliged to grasp support to hold herself still, and would :

Stare so she might gauge location and distance of things.

The classic "lamppost" condition.

Fell into bed helplessly, when attempting to get in, as if pulled forcibly into bed. Pupils dilated.

Intoxication.

Became unconscious after staggering about the room a few steps, after rising.

Sensation as if not walking straight, on street ; as if would pitch toward companion beside her ; controlled with effort.

Sensation not definitely nausea, dizziness nor faintness ; a blend of all three, centering in the "solar plexus" and extending upward and backward through the spine to head, especially the occiput ; as if the spinal cord and solar plexus were sick and faint and the lower brain were dizzy.

Tends to go to left.

Unsteadiness ; tends to walk to left.

Dizziness ; Lost sense of balance, while going down street on roller skates ; and was compelled to grasp fence for support.

Quickly recovered and went on.

Swooning.

Complexion rosy and normal, as usual.

Slight tipsy sensation occasionally; on eleventh day of two-hour dosage, with the 30th.

Fell to floor with intoxicated sensation when rising that night.

"It felt good to lie there," although floor was hard and room cold.

Slept on floor until morning.

Symptoms continued two weeks after dosage was stopped.

Staggering, as if intoxicated.

Fell asleep, quickly, after staggering to bed.

Unsteadiness, without dizziness, when rising, in morning;

Disappearing after a few minutes.

Dizziness, < in occiput

When rising from sitting.

Paroxysms while sitting.

Staggering when rising from sitting.

Vertigo with sick, faint sensation, continuing two weeks (30th).

Vertigo, nausea and faintness when rising ;

As though dizziness, not nausea, in stomach.

Head sensation like a dead weight.

In waves, with :

Mind clear ;

, > effort of will.

Faintness:

Pulse becomes slower and pupils dilate, as faintness increases.

While sitting ;

> moving about.

With nausea, when rising.

Sensation of faintness and nausea ;

> lying on abdomen.

Faintness in waves ; a passing senseless condition,
as if "gone ;"

Mind clear ;

Body faint.

Feels "bum" all through.

Tired all over.

HEAD

Headache ;

Stitching pain over r. eye, at first, then :

Dull, sore pain in forehead and fore part of vertex ;

> lying ;

Disappearing when going outdoors ;

Returning when entering house.

Reappearing at 11 A.M. and continuing until she
went out, at noon, subsequent days.

Headache ; entire head ;

Sensation sharp. yet heavy ;

As if head were a dead weight.

As if it were a large heavy ball, flopping and rolling
on its cervical attachment ,

Overcome with effort of will.

Disappears when lying.

> by gushing-menorrhagia.

In temples, while reclining, transferring to :

Root of nose when upright ;

Cutting, when bending forward.

> cold air or cold washing.

Forehead and eyes, dull pain.

Forehead and temples, squeezing sensation, as if being squeezed with hand.

Inclination of head to fall forward.

Vertex, dull sensation as if not clear.

Sharp pain over l. eye.

Perspiration of forehead sticky, after drinking warm tea.

Lying during menstruation, only.

EYES

Pupils dilated (all provings), and

Pulse becomes slow when faintness appears.

Whenever unsteadiness appears (all provers).

Mornings disappearing gradually, after a few hours.

Widely dilated and pulse 58, without other symptoms.

Eyelids, sensation of stickiness, as if sticky in spots (same in throat, in another prover).

Upper lids, sensation of stickiness.

Eyeballs sting as if dry.

Eyes, dull ache.

Conjunctiva congested ; pupils dilated.

Bulging sensation ;

Objects blurred ,

Compelled to stare to see.

L. eye, sensation as though veil interfering ; later, changed to right eye ;

> rubbing.

Vision blurred.

Black ink appears to be red, when writing.

Letters appear to dance, while reading : even two inch letters.

Vision becomes blurred.

Objects appear too far away.

Golden specks (with staggering) ;

Vision darkened and she swooned.

Golden specks floating.

Golden specks seen as if over right eye, when rising from bed.

Flashes of blue-white light, rays of light going from a center, like the spokes of a wheel, or like sparks seen after explosion of certain kinds of rockets, when lying in a dark room, with lids closed.

Single objects appear to move, always from right to left ;

> when looking directly at them.

Photophobia ; cloudy outdoor light seemed sharp and harsh.

EARS · no symptoms.

Nose

Dryness of the membrane.

Sneezing , with dry cough.

L. nostril, "stuffy" with watery discharge ;

Watery discharge from right.

When lying, the left nostril closed ; right open, having watery discharge.

R. nostril, obstruction with watery discharge ; left affected later ,

Open when lying.

Pain at root of nose, when upright ; in temples when lying.

Ulceration of left nostril ;

Sensitive and sore ;

Hard crusts detached.

FACE

Flushed.

Pale countenance with lines of care and age ;

Puffed, tired expression, as if had just waked from sleeping off a spree.

Cheeks warm subjectively.

Cold hands agreeable to cheeks.

Lips dry burning, as if had been riding against cold winds.

Sleepy expression.

MOUTH

Taste offensive.

Bitter, as from iron solution, *i. e.*, astringent.

Bitter in mouth and throat.

Bad taste, when eating.

Food does not taste good ;

Tastes dry.

Mouth fills with saliva.

Tongue, soreness under ;

Tip sore.

THROAT

Dryness of throat and nose without thirst, when eating or drinking.

Cold dryness.

Sensation of dryness, as if there were sticks in it, or as if small surfaces were sticking together (see eyelids).

Dryness of back of throat ;

After vomiting.

Throat dry, from time of waking in morning until midday, returning at 5 P.M.

Posterior pharyngeal wall dryness, with an oblong area of redness an inch long by one-half inch wide.

Soreness and sensation of dull scraping, when swallowing cold water.

> by swallowing ice cream ; > by swallowing any warm drinks, but prickling afterward.

Throat dry and swollen.

Stings and burns.

Red on right side.

< right side.

Cutting in throat, when swallowing warm drinks.

Cold drinks agreeable.

"Light" sensation in throat, could not describe it differently.

Nausea felt in throat.

STOMACH

Appetite impaired.

Aversion to food.

Absence of appetite :

Loathing at sight of food.

Ate and drank nothing during four days, without undue weakness.

Ate sour food only, later ; grape fruit, tomatoes, cranberries, etc.

Sensation of emptiness, one hour after eating.

Page 27

(To be continued.)

—The Homeopathician.

SCURVY.

Scurvy or scorbutus is a blood disease, characterised by great debility, malaise, anemia and mental depression, accompanied by a spongy condition of the gums. This is followed by a hemorrhage from various parts of the body.

From very early times scurvy was known among soldiers and naval men. In Germany, Italy and Palestine it appeared and devastated these countries.

Etiology.—Want of vegetable matter in the food is the principal cause of this disease. Unhygienic conditions, excessive labor, exposure to cold and heat are the predisposing causes of scurvy. It is considered as an infectious disease.

Symptoms—A kind of unhealthy condition appears in the face, which looks pale and yellowish ; extreme weakness, tired feeling ; short breathing and pains in the extremities.

Gums swollen, spongy, soft and tender and bleed easily. Necrosis of gums and teeth takes place occasionally. In severe cases extravasation of blood takes place in the subcutaneous tissues but simple ecchymosis

is always present on skin of legs and arms, very seldom on the trunk.

There is no fever. The patient becomes so weak that simple exertion is unbearable. There is no appetite ; nausea and vomiting are sometimes present. Constipation is the rule but diarrhoea and dysentery may be present. Pulse frequent and very weak.

Treatment—Hygienic conditions should be improved and proper diet given. Lemon juice is recommended by all as the curative and preventive of this disease. No meat but plenty of vegetables enjoined. Vegetable soups and juices of fruits are very good.

Agaric Americanus is useful in pale face, swollen gums, red spots on the legs, loss of appetite and constipation.

Arsenic—bleeding from gums, bad smell in mouth, diarrhoea, extreme prostration and hopelessness.

Carbo veg.—excessive bleeding, teeth shaky ; ulcers in mouth and bad smell issuing from it.

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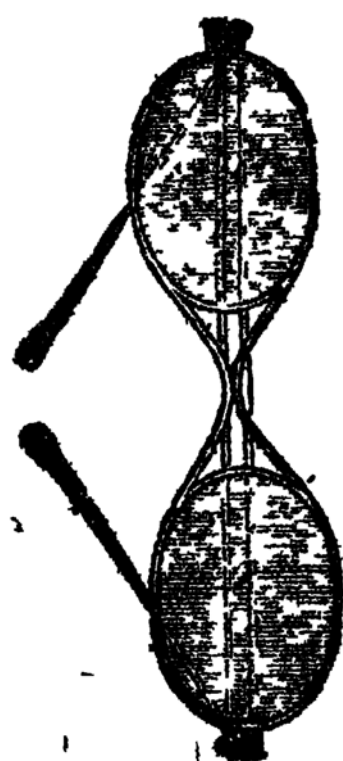
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হোমিওপ্যাথিক

চিকিৎসা-সার ।

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মূল্য ২৫০ টাকা, ডাকমাশুল স্বতন্ত্র ।

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THE INDIAN HOMEOPATHIC REVIEW.

A monthly journal of Homeopathy and
collateral sciences

"The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine."

—HAHNEMANN

VOL. XXVII] FEBRUARY, 1918 [No 2.

PYROGENIUM

We have made use of this drug so often and with such wonderful success, that we always think of it in typhoid where there is a very persistent high temperature with a possibility of septic infection. I remember having saved the third wife of a rich old man, who was suffering from septic infection after childbirth. It was diagnosed as a bad case of puerperal fever by our most eminent specialists who could do nothing for her. Homeopathy was resorted to as a last resource and after trying, Belladonna, Lachesis, Verat. vir &c I finally hit upon Pyrogen and two doses of the 200th potency worked miracles in this case. I have tried it in many cases since then and I have been frequently successful. It vies with Verat. vir. in bringing down the high temperature. Higher potencies at long intervals have given me the best results. This year I have tried it in several cases of typhoid fever and with marked good effect. It did me yeoman's service in the case of a young girl of seventeen suffering

from a very strong attack of typhoid when the case came under my care on the 27th day from allopathic hands. Everything emanating from the patient was horribly putrid. Psorinum failed me when Pyrogen came to my rescue. Drs. Burnett and Drysdale of England made extensive use of the remedy. They called it the "Aconite of the typhus or typhoid quality of pyrexia."

In conclusion I quote a few lines from what Dr. Drysdale says about it:—As Aconite is well known to be the most important of the remedies for the synochal or inflammatory pyrexia, so the most summary indication for Pyrogen would be to term it the Aconite of the typhus or typhoid quality of pyrexia.

"This being a condition and not a distinct disease, it is to be looked for as occurring in a variety of diseases such as typhus, and enteric fevers themselves, always, and more or less, it may occur in intermittents, so-called bilious remittents; in certain varieties or stages of the exanthemata, especially scarlatina, measles, and small-pox; of dysentery and epidemic pneumonias, diphtheria &c. From the gastro-enteric symptoms Pyrogen may possibly also, apply to some stages of cholera and the yellow fever. It is, of course, to be distinctly understood, that this substance is only recommended at certain stages and phases of these diseases and entirely as a remedy of a secondary or subordinate character and not in any sense as a specific for the whole disease."

J. N. M.

SCOPOLAMINE HYDROBROMIDE PROVINGS AND VERIFICATIONS.

(Continued from page 23, No. 1, Vol. XXVII)

Nausea constant ;

When rising from bed

Intermittent ;

Nausea caused by odor of food ;

Sensed in stomach, chest and throat ;

From stomach up through body to back of head.

Thirst lacking ;

Quantity of urine increased.

Eructations copious, tasteless.

Vomiting : preceded by waves of faintness or momentary sensations, as if "gone", followed by nausea.

Forcible, projectile.

Recurrent paroxysms, with chilliness.

< when warm in bed.

> while remaining uncovered and chilly.

ABDOMEN

Sensation of balls of slime rising in upper abdomen when vomiting.

Sensation of empty ball, size of fist, several days.

Bloating intense ;

> after expelling quantity of flatus ;

< toward evening.

Trembling in abdomen, between vomiting paroxysms.

Soreness.

Pain along ascending colon, after vomiting.

Aching in umbilical region ;

> outdoors.

Aching pain preceding diarrhoeic stool.

Intestinal sickness ;

> lying on abdomen.

Intestinal and rectal urging to stool.

Tympanitic abdomen, awake at midnight with it ;

Small gripings, followed by vomiting.

RECTUM

Diarrhoea ;

Stools thin, fecal, light brown.

Watery, forcibly squirting ; sour odor.

Preceded by nausea and griping ;

Burning heat when covered ;

Chilly with least exposure.

Stools watery, with offensive flatus, at night ; preceded by :

Ache in abdomen.

Stools loose, mornings.

Lump of yellowish brown, frothy mucus, about 4x2x2½ in., preceded by :

Flatulence and ache in abdomen, extending down front of thighs.

Stool large, smooth, slips rapidly out of rectum ;

Felt like hard, smooth bullet.

Flatulence, especially with formed stools.

Flatus copious, odorless ;

Unable to retain when stooping.

Ineffectual urging.

Rectal and intestinal urging constant.

URINARY TRACT

Urine increased in quantity (no thirst nor drinking) ;

Urethra burning, when voiding.

Copious ; later, scanty.

Unable to retain urine when coughing, sneezing or laughing.

Urination delayed for thirty-six hours, apparently suppressed ;

Bladder tympanitic.

Urination seldom ;

Scanty and burning.

FEMALE GENITALS

Sexual desire increased ; later, diminished.

Aversion to approach.

Menses eleven days early.

Painless (always had "cramps" with regular periods).

Blood black, thick and slimy.

Scanty, black, clotted, offensive ; later, copious and bright.

Menorrhagia in gushes : headache > by it.

LARYNX AND TRACHEA

Hoarseness caused by parched membranes.

Dryness of nose and throat.

< eating and drinking ;

Thirstless.

COUGH AND EXPECTORATION

Cough dry, after waking in morning.

Dry, morning in bed.

Breathing suspended ; distressing, compelled to rise and force it voluntarily.

HEART AND PULSE

Pulse, 58-60, intermittent.

92-98, irregular.

Irregular in rhythm and volume.

68, irregular (two weeks after 30th potency discontinued);

Full, soft, when lying;

Quickened, small and soft, after rising.

Slow and soft during faintness;

Slower; pupils more dilated, as faintness increases.

BACK

Neck, shoulders and arms tired and heavy.

Back of neck hurts when rising, or

Moving it forward;

> bending backward;

Sensation as if sprained, tight drawing.

CHILLINESS;

Lumbar region, slowly creeping waves, extending to middle of thighs posteriorly.

EXTREMITIES

L. shoulder dull ache, extending to neck, and down arm.

Arms weak.

Left, pain.

Knees, weakness, as if in bend of knees;

Weary or slightly unsteady,

As if would give way.

Gait staggering;

Groping with hands and staring.

Ataxia, flexors of lower extremities especially affected;

- Foot came down with hard thump ;
- Dropped with unexpected jerk, when attempting to sit down.
- Lifting foot high, when walking, as if intending to step over something.
- Incoordination of muscles.
- Lower extremities, restlessness.
- Aching, extending down front of thighs from abdomen, before stool,
- Hands trembling ;
- Skin cold and dry.
- Fingers-felt woolen when scratching scalp.
- Palms moist and hot.
- Perspiration of palms, between fingers, finger-tips.
- Hands and skin cold.
- Feet : offensive perspiration ;
- Heels cold ;
- Soles hot, perspiring.
- SLEEP
- Sleepiness while sitting ;
- Awake while lying ;
- Preferred to close eyes.
- Started up and stared about, after lying.
- Desire to lie and sleep.
- After sleep mental symptoms > .
- Yawning without satisfaction ;
- Mouth fills with saliva ;
- Eyelids, with tears ;
- Opens mouth and stretches widely, but "cannot get to bottom of it."

Dreams, in first getting sleep, of coming to watering trough and dipping her baby in cold water; as he caught his breath she did the same, waking suddenly.

COLD AND HEAT

Cold; hands and skin.

Chilly, desires unusual covering.

Skin cold;

> motion.

Cold (not chilly) wherever cool air touches.

Morning in bed, with relaxation and weariness.

Chilliness when vomiting.

Internal, < least uncovering.

> motion.

Burning heat when covered in bed;

Chilly from least exposure.

Aversion to cool draft.

GENERAL

Toxæmia affects nerve-centers primarily.

Remarkable similarity to familiar symptoms of alcoholic intoxication.

Tipsy condition.

Comatose sleep or coma appearing like ordinary sleep;

Like some conditions of uremia.

Unusual control of symptoms with exertions of will.

< rising after lying a long time.

> after sleep.

Languor: desire to lie and sleep.

Fidgetiness;

Desire to move when attempting to remain quiet.

Relaxed and tired

Small, cutting pains all over. .

Emission : lost fifteen pounds during two weeks
(30th).

Aggravation indoors.

VERIFICATIONS

Woman, aged eighty-seven. . 1

Hallucinations , saw people coming in room and peep-
ing at her ;

Saw faces.

Frightened, hid face in pillow.

Thought she would be killed

Shook with fright.

< nights.

> after sleep.

SCOPOL-HYDROBR. 1st, 3 hrs

Man, exhausted with business.

Faintness

Dizziness

Weakness in paroxysms

Pulse slow, weak

Slower as faintness increased

Pupils more dilated as faintness increased.

Gait unsteady.

Compelled to lie down

Sensation of intoxication

Symptoms considerably modified by will power.

SCOPOL-HYDROBR. 5th, 1 dose.

Relief in a few minutes and next day went on work-
ing better than he had during the previous two weeks.

The same man collapsed, three weeks later, from constant over-working. Return of symptoms with ;
Nausea,
Dizziness ;

< rising or quick change of position.

Occiput, sensation of dizziness extending down spine.

Confusion of perception of objects and location ;

> while moving slowly.

Earth seemed to shift here and there.

Reason intact.

SCOPOL-HYDROBR. 5th, 1 dose.

Same magical effect as before.

A dressmaker, who had sustained a long period of trying work complained of :

Back of head aching, day and night ;

Dull gnawing ;

< outdoors.

Aching all over ;

< upper extremities.

Sleepiness, evenings ;

Wide awake until midnight ;

Waking with a start ;

Waking after two hours' sleep as if entirely rested and desiring to rise.

Tired in mornings.

< outdoors.

Depressed, as if something dreadful would happen.

When walking, she turned in the direction taken by anyone who approached her.

Unsteadiness, without sensation of dizziness when walking about room.

Compelled to grasp support when passing through an entrance.

SCOPOL-HYDROBR. 5th, 1 dose.

Reported symptoms passed quickly, and she is better all over.

- Young married woman.

Neurasthenic.

Pitching forward when walking.

Stomach tired ;

Dizziness arising from stomach.

Sensation of nausea up to occiput.

> cold water in mouth.

Craves cold in stomach.

Dizziness when seeing objects move ;

Compelled to look elsewhere to avoid turning in the same direction.

Throat dry.

Head pressing pain

Aching above L. eye

Feet numbness.

Skin cold, gooseflesh.

Hands move involuntarily.

Sleepless till 4 A. M.

SCOPOL-HYDROBR. 30th, 1 dose.

Became scanty, trace of albumen.

Woman of sixty-five.

Urine always 10 to or lower ;

Toxic symptoms.

Objects appear crooked.

Staggered backward and fell, when attempting to sweep room.

Sensation of excitement and hurry.

Fearing collision, dreads to have anyone come toward her.

Fear of crossing street.

Head, confused sensation.

Weeping, at times.

Nausea extending up to head.

Dizziness.

SCOPOL-HYDROBR. 200. 1-dose.

Built up the health as an antipsoric.

Woman, exhausted by protracted nursing.

Walks from side to side, on street.

Compelled to put each foot down carefully and bear weight on, slowly, before taking another step, after rising mornings.

Hallucinations of ribbons hanging in front of her, pushes them away with hand.

Watchmaker.

Nervous exhaustion.

Swaying.

Knees and hands shake, as from alcoholism.

Unable to do fine work.

SCOPOL-HYDROBR. 7th.

Another man.

Head struck on iron bar.

Dazed, dizzy.

Coughing up blood.

SCOPOL-HYDROBR. 5th.

Man making provings of commercial forms of alcohol for his own satisfaction

Struck attitudes, making gyrating gestures,

Slumped into chair, sidewise;

Told his story about desiring to quit spees, etc.

SCOPOL-HYDROBR 5th.

People, who saw him, remarked how much better he appeared when he left, a few minutes later than when he entered the office.

The symptoms "white flashes" verified many times.

Recent and remote effects of alcoholism; many cases.

Locomotor ataxia, a case materially benefited or cured; could not recall which, as the name of man was forgotten.

A better description of SCOPOLAMINE HYDROBROMIDE in the role of a remedy can be made after it has been more extensively used, but it is already certain that it is effective within a narrow range.

The similarity to the effects of alcohol, both recent and remote, is remarkable.

It corresponds closely to the effects of strong poisons, introduced into, or generated within the physical body; to

Manifestations of uremia, and Acute nervous exhaustion

The central effect is shock. To fix this in mind, it may be coarsely compared to other shock-remedies,

Arnica shock effect is like a blow,

Strontium, like crushing,

Lécithin ; like shattered emotions, etc. '

SCÓPOLAMINE HYDROBROMIDE pré-eminently like poisonous drugging and dissipation of voluntary nerve-energy.

—*The Homeopathician.*

CUPRUM ARSENICOSUM, THE EFFECT, ON THE EXCRETION OF WATER BY THE KIDNEYS. AN EXPERIMENTAL STUDY *

By S. W. SAPPINGTON, M.D., AND JOHN G. WURTZ, M.D
Philadelphia

Some time ago, our attention was attracted by the frequent clinical observation of the efficiency of cuprum arsenicosum in the kidney state vaguely known as uremia. In the medical wards, in post-operative cases in the surgical wards and, particularly, in the maternity department, testimony was freely forthcoming regarding the great value of arsenite of copper in uremic patients. Among many practitioners and in a number of hospitals we were led to believe it had become routine to give this remedy in cases of nephritis, especially when uremia had developed or seemed impending. To our own knowledge this practice has obtained among physicians for at least twenty years.

Coincident with the use of copper arsenite in this

* Bureau of Materia Medica, A. I. H., June, 1917. Report from the Healing Research Laboratory, Hahnemann Medical College, Philadelphia.

sphere, it was noted that there was a marked increase in the amount of urine excreted and that this increase roughly paralleled the improvement of the patient. So constant was this increased urinary output in nephritics that some clinicians extended their observations by employing the drug as a diuretic in waterlogged heart cases and reported brilliant successes in this field. As the remedy was used without individual selection but routinely on all cases of the described kidney and cardiac types, one might argue or at least suspect that its value in both kidney and heart incompetence is chiefly dependent on its diuretic action. Or, on the other hand, one might opine that we had a drug of wide usefulness in a great variety of individuals acting as a diuretic in the sick, because in the healthy prover it causes a diminution or suppression of urine.

If we turn to the provings for information regarding the effect of cuprum arsenicosum on the urinary excretion or the kidneys, we obtain little satisfaction. In the provings on the healthy, especially those of Dr. Blakely, and in the records of poisonings, statements regarding the action of copper arsenite on the urinary output or the kidneys are conspicuously absent. In a number of the hospital cases in which excellent results were reported, we had opportunity to examine the original records and these showed in many instances a progressive increase in the amount of urine excreted and in some a very striking increase. Unfortunately this bit of positive evidence was clouded

by the fact that these cases received in addition other drugs or adjuvants such as enteroclysis, to which might be attributed the diuretic effect. Again, pregnant cases admitted in dangerous uremic states had been delivered, and had received cuprum arsenicosum from the time of admission; and had left the hospital well. But no record had been kept of the urinary output and such cases cannot be scientifically admitted in evidence.

With these views of the whole matter, our experimental idea was to administer the drug to a number of healthy provers and observe simply the effect on the total amount of urine excreted either in the way of increase or decrease. From a number of students in the Hahnemann Medical College of Philadelphia, we selected nine as desirable provers. They were divided into three groups of three each and observed fifteen days as to their urinary output. The provers had no knowledge of our methods or the drug they were taking. For the first five days, all three groups received a placebo in the form of tablets of sugar of milk colored with chlorophyll so as to resemble the arsenite of copper tablets. For the second period of five days, the first group took two tablets of the 2x trituration of cuprum arsenicosum every two hours; the second group took one tablet of the 2x every fifteen minutes for eight doses and then two tablets every hour; the third group, two tablets of the 2x three times a day. The 2x trituration was employed on all provers because this is the potency always employed and one

with which such excellent results were observed in the sick. The first group of provers took about three times as much of the drug as the third group and the second group about twice as much as the first group. For the third period of five days, the placebo of the first period was administered to all nine provers. The students were instructed to pursue their normal habits and take their ordinary diet without restrictions. They were to make note of any radical departure from normal habits and likewise of any special symptoms during the proving period. Arrangements were made by which practically the entire twenty-four hour excretion of urine was daily collected from each man.

The idea of the three periods is apparent. The first period without drug was to allow the men to establish a normal output of urine and to become so accustomed to the proving routine that they would be free of diuresis of nervousness or excitement. The second period exposed them to the immediate effect of the drug. And the third period permitted observation of cumulative or protracted effects of the drug.

Ordinary symptoms were not sought and were only incidentally brought to our attention when the student thought they were striking or unusual. For instance, one prover noted diarrhoea, very unusual for him. Another complained of peculiar dreams. Unfortunately, the symptoms in both these men occurred during the first period when they were taking no drug. In general, it may be said no outstanding symptoms came to our attention during and after the drug period.

In carefully noting the twenty-four hour amount of urine, examinations were also made as to reaction, specific gravity, albumin and sugar, but the results were altogether negative.

TABLE I

Prover	First Period	Second Period	Third Period	Dose
A	1875 cc	1470 cc	1630 cc	Two tablets every two hours.
B	947 cc	1060 cc	775 cc	
C	812 cc	769 cc	865 cc	
D	1068 cc	953 cc	987 cc	One tablet every fifteen minutes for eight doses, then two every hour.
E	1130 cc	1167 cc	1112 cc	
F	790 cc	735 cc	1010 cc	
G	980 cc	1050 cc	1009 cc	Two tablets three times a day.
H	2309 cc	1720 cc	1630 cc	
I	937 cc	843 cc	875 cc	
Total average	1223 cc	1131 cc	1099 cc	

The relation of the drug intake to the urinary output is seen in Table I. The table shows the average twenty-four hour amount of each of the three provers in each of the three groups during each of the three five-day periods—before, during and after the drug. And finally the general average for all of the nine men during each of the three periods. Table II is a similar exhibit, except that the first two days of each period are omitted in drawing an average. The latter

TABLE II.

Prover	First Period	Second Period	Third Period	Dose
A	1825 cc	1308 cc	1500 cc	Two tablets every two hours
B	803 cc	933 cc	661 cc	
C	845 cc	725 cc	900 cc	
D	1023 cc	996 cc	1050 cc	One tablet every fifteen minutes for eight doses, then two every hour.
E	1175 cc	1336 cc	970 cc	
F	908 cc	630 cc	853 cc	

G	961 cc	1000 cc	908 cc	} Two tablets three times a day.
H	2273 cc	1608 cc	1651 cc	
I	870 cc	913 cc	875 cc	
Total average :	1184 cc	1049 cc	1034 cc	

table; it was thought, would eliminate the psychic element of the first period and allow the drug a little time for action in the second period. For the sake of completeness, Table III is added, giving the daily amount of urine passed by each prover during the fifteen days and his average for the entire time.

TABLE III

Date.	A	B	C	D	E	F	G	H	I
Nov. 10	1750	1375	800	1080	1725	700	660	2125	1175
11	1700	850	725	1200	1200	525	1200	1300	900
12	1700	900	825	1560	900	550	1140	2300	710
13	1825	700	710	750	1150	1000	735	2000	650
14	1750	810	1000	760	1275	1175	1010	1920	1050
15	1575	1225	870	750	1325	1030	1025	2000	750
16	1850	1275	800	1025	950	650	1225	2775	725
17	1875	775	700	1090	1425	1110	975	2200	915
18	1000	950	650	725	950	150	825	1100	850
19	1850	1075	825	1175	1325	...	1200	1525	975
20	2150	900	875	850	1375	1665	1010	1325	800
21	1500	1000	750	1000	1075	825	1300	1900	950
22	1575	610	800	1250	800	625	925	1800	1000
23	1025	800	1000	850	850	875	1050	1325	900
24	1900	575	900	...	1260	1060	750	1830	1725
Average 15 days	1615	921	815	1004	1173	852	1002	1888	878

A, B, C took two tablets every two hours.

D, E, F took one tablet every fifteen minutes for eight doses, then two every hour.

G, H, I took two tablets three times a day.

Scrutiny of these tables, especially the first two,

convincing us that 'cuprum arsenicosum' in the doses given 'had practically no effect in either increasing or decreasing the amount of urine in nine healthy men. It will be observed that, in general, the largest amount of urine was passed in the first five-day period'; 'considering the psychic element, this was to be expected. It will further be observed that in some provers the total of the third period was greater than in the second and in others the second period exceeded in amount the third. But the differences either way are not marked and, considering the total averages of Tables I and II, it will be apparent that the differences between the second and third periods are very slight and practically negligible. In short, and avoiding tiresome detailed discussion, we would venture the statement that arsenite of copper in the 2x given over a period of five days in varying doses to nine men exerted no effect upon the total amount of urine.

In expressing this opinion, we do not wish to go beyond it. It may be that in other provers, and in other doses and over longer periods the effect would have been different. The method of administration, however, was approximately that by which excellent results were reputed to be produced in the sick. It may be that the drug does not possess such action in the healthy, but has such potency in the sick. The Hahnemannian principle, however, is that the indications for drug prescribing are to be sought in the effects of these drugs upon the healthy. The reply to this criticism is that the provers were not those susceptible

to cuprum arsenicosum, or that the drug's diuretic action is not a homeopathic one. It is true that we did not attempt to select in our provers, those that might be called the cuprum arsenicosum type and this for the simple reason that we do not know what that type is. We do not find it in the provings. And in the reports of Dr. Blakely and his confreres, as well as other provers, symptoms seemed to be elicited regardless of individuality. If we assume that the action of the drug is not homeopathic, we may class it with the diuretics such as digitalis or apocynum. It is well known, of course, that a drug may act in the sick and not on the healthy, as, for example, antipyretics which reduce a febrile temperature but not a normal one. On the other hand, diuretics may act on the well and the unwell. Thus caffeine will cause diuresis in both the sick and the healthy.

In the first part of this paper, we remarked on the absence of urinary symptoms in the provings and records of copper arsenite. From our investigation of the subject, we have received the impression that the belief in this action of the drug rests purely on a clinical or empiric basis. As far as we could ascertain there is no experimental, prover's or toxicological record of such action and we are therefore forced to conclude that the observation is entirely a clinical one. This, of course, does not in any way lessen its value, if the observation be an accurate one. But we would suggest that clinicians furnish more convincing and tangible evidence of the diuretic action of cuprum arsenicosum

than we have been able to find in their records and thus put on a firm foundation this important pharmacological characteristic of a homeopathic drug.

Conclusions. 1. The clinical observation of the diuretic action of *euprum arsenicosum* was not confirmed, under conditions cited, in the provings on nine healthy men.

2. Clinicians should carefully review their data in this matter to either confirm or refute the reputed action of this drug.

We wish to express our appreciative thanks to the students who, at the expense of considerable time and trouble, made this study possible. We also wish to thank Dr. Bornemann for supplying the placebo and the arsenite of copper, and Dr. Haines for data on the provings.

DISCUSSION

Dr. Rudolph F. Rabe, New York, N. Y. This excellent paper shows us the necessity for just such scientific work to give us the proper value of these various remedies which have crept into the materia medica in an empirical way. *Cuprum ars.* is given empirically with a claim for certain results resting on indications which do not agree with the accurate information which we now have. Therefore, it is just this kind of work these men in Philadelphia are doing that will place these remedies on a scientific basis. We must have this kind of work. These men are to be congratulated and I hope that they will give us more work of the same quality.

Dr. Haines This experiment of Professor Sappington and Dr. Wurtz done so carefully and methodically and reported so accurately and without exaggeration, ought to serve

as an example to clinicians and therapists when the latter are reporting their cases and claiming their results. We should talk less vaguely and we should substantiate our findings, whenever it is possible.

It is the first absolutely proven statement that has been made regarding the action of the drug upon the kidney, with which I am familiar; and if it does not explain the good results we have been able to obtain from cuprum arsenicosum in renal inefficiency and uremia, it will help us to work out that explanation at some later day, when someone else shall take up work on the remedy.

—*The Journal of the American Institute of Homeopathy.*

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"The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine."

—HAHNEMANN.

VOL. XXVII.]

MARCH, 1918.

[No. 3.

KALA-AZAR.

We hear so much about this disease now-a-days that it is just as well that we should consider this malady from the homeopathic standpoint. We homeopaths have to take a back seat and look up to our sages of the other school when we have to consider the scientific aspect of the disease, but when it comes to treatment, we always have a prominent place in the public eye, because we have so often proved our usefulness at the bedside when everything else has failed.

It is a disease characterised by fever of an irregular type, enlarged spleen, liver and anæmia. It has been called Leishmaniasis by scientific men because Leishman discovered its parasite. The disease prevails all over India. Rogers, Donovan and others have made extensive study of the disease and they believe that the bed-bug is the chief agent in transmitting the disease.

The treatment according to the dominant school has been of doubtful value. Quinine the panacea for fevers has been tried extensively. But even such an eminent authority as Sir William Osler declares that it seems useless. Our friend Dr. Brahmachari has been making experiments by injecting some preparation of antimony, but I do not know how far he has been successful in the matter.

Kāla-Azar resembles malarial cachexia in a remarkable degree, in fact but for the bacteriological differentiation, we could never tell the one from the other.

Homeopathic treatment is pre-eminently successful in this disease. Arsenic stands at the head of the list. If there is a double type of fever, and there is marked anæmia, with enlarged spleen and the characteristic burning, we think of Arsenic. Higher potencies have been more useful in my hands. Apis is useful in cases with dropsical effusion, scanty urine and afternoon rise of temperature particularly at 3 P. M.

Nātrum mur has been a sheet anchor in my hands in these cases. Continued use of the drug in the 30th potency has given me excellent results. If there is any remedy that can reduce an enlarged spleen it is Natrum mur, but it has to be repeated continually with occasional stoppage.

Ceanothus is a good remedy if there is pain in the spleen. Bacillinum 200 is another remedy that needs our careful attention. A dose, repeated every 8 or 10 days does wonders in some cases.

Natrum sulph resembles Natrum mur but with it we have more gastric trouble and there is diarrhoea.

Eupat. perforliatum, Capsicum, Nux vomica, Rhus, Calc carb and Calc ars are some of the other useful drugs.

J. N. M.

REMITTENT FEVER.

Malarious fevers often assume remittent type. There is amelioration and exacerbation but no complete intermission in this fever. It is known by various names as gastric fever, bilious, remittent, continued, febricula &c. &c.

Symptoms :—In this fever sometimes the temperature is very high ranging from 103 to 105 F. Pulse 110 to 120, usual chill, heat, burning and aching in body may be found. Face red, headache, pain in body, vomiting of bile. Tongue coated ; constipation or diarrhoea. After few hours perspiration takes place and temperature is reduced. Better for ten, twelve or twenty-four hours. Fever comes again.

Treatment :—Very limited number of medicines are required in the treatment of this fever. Belladonna, Bryonia, Gelsem, Eupat perf, Mercurius, Rhus tox, Nux vom, Baptisia, Ipecac, China, &c.

Belladonna—Great external and internal heat ; red face and throbbing arteries ; headache, sore throat.

Bryonia—It is to be used in the first week. Heavy head, pain over the whole body ; delirious talks ; vomiting of bile and mucus.

Eupatorium—Bone pains ; vomiting of bile ; thirst ; urine red and scanty.

Rhus tox—Restlessness and sleepiness ; delirium ; tongue red, triangular tips. . Opium may be used after Rhus and Gelsimium. Stupor and delirium ; headache. It is more useful in infantile remittent fever.

Arsenic—Burning thirst and restlessness, extreme prostration. Tending to pass on to typhoid type.

Nux vom.—Hot and irritable temper. Bowels constipated or diarrhoea. It is useful in the first stage of the disease.

Pyrogenium—Hyperpyrexia ; diarrhoea, vomiting and distended abdomen, pains over the whole body.

Quinin—It is very injurious in this fever, especially when headache is intense. *It may lead on to typhus.

Diet should be simple non-irritating. I give no food if there be tympanitis and diarrhoea present.

P. C. Majumdar, M. D.

TWILIGHT SLEEP :

ITS ADVANTAGES IN INDIA.

Messrs: Butterworth and Co. (India) Ld., have just published a useful book. "Twilight Sleep in the East," in which Capt. Cecil Webb-Johnson makes a powerful plea for painless childbirth. Assuming every decent man has respect for woman and reverence for motherhood the author argues that he cannot refuse relief in maternity and grudge the opposite sex what

he himself would insist upon were he placed in similar circumstances. Presuming his premiss to be correct, his conclusions are fair. He does not deny that opposition will be forthcoming and that both fair and foul means will be used to kill or mutilate any effort to destroy the mosaic teaching "In sorrow shalt thou bring forth." Just as the medical profession and the Church condemned the use of chloroform in alleviating the pains of labour some seventy years ago, so a similar fate will befall any effort to give women a painless childbirth to-day.

When Queen Victoria was delivered of a child under chloroform by Sir James Young Simpson, the Chief of the Dublin School of Midwifery held the view that it was unjustifiable to 'avert the ordinary pain which the Almighty had seen fit—and most justly—to allot to natural labour.' The author remarks : "No wonder woman calls man 'Coward Adam' when he grudges her relief from the agonies of labour whilst insisting upon an anæsthetic for himself when he has a tooth extracted or an abscess incised." He condemns the German Apostle of Kultur, Nietzsche, when he says "If you are going to see a woman take a 'whip,' and holds the view that the surest way of encouraging a woman to become a mother is to guarantee her a painless childbirth. In a well written preface he shows how every new discovery has been met by opposition, ridicule and contumely, in the past. He acknowledges that European women of high education and intellectual ability feel pain more acutely than

those lower in the scale of civilization, but he considers that the Indian lady who is slowly but surely becoming emancipated and educated, must be considered. The day when according to Englemen, the Indian woman was wont to steal away to the woods for her confinement accompanied by some female friend or relative and give birth to her child near some river or stream, and return to the village cleansed and purified, is past, for confinements are becoming more difficult and are fraught with more danger every year. He pertinently asks "why should any woman suffer unnecessary pain?" The history of anesthetics is traced from the early days when some five hundred years before Christ Herodotus mentions the inhalation of Indian Hemp to induce insensibility, to 1903 when Dr. von Steinbuchel recommended Scopolamine Morphine as an anæsthetic for a confinement.

The drugs which are used to induce Twilight Sleep are fully described and it is held that if they be given in proper doses there is no danger to mother or child. If given by anyone inexperienced in their administration it is acknowledged that a certain amount of danger is run, for the administration of any anæsthetic entails risk in the hands of a novice, just as a loaded pistol or gun in the hands of one unaccustomed to fire-arms is a danger not only to the holder but to those in his immediate vicinity. The mortality in confinements is considered at length, and it is pointed out that between five and six thousand women fall and perish every year in childbirth at

home. According to Lee's book on Obstetrics, puerperal fever kills one in four hundred women and leaves as incurable invalids ten times this number. In a subsequent chapter the bad effects of long and painful confinement are shown, and the author considers that the anticipation of pain is of greater moment than its realization. This applies to the white woman in India more than it does to her sister at home, for the climate and artificial life she is forced to lead, tend to sap her nervous energy.

According to Sir Halliday Croom of Edinburgh the first question any woman asks about Twilight Sleep is "Is it dangerous for the child or myself." He adds: "I will answer this at once. I have never seen an untoward accident of any kind, either to mother or child. Twilight Sleep has now been administered in many thousands of cases and the evidence of these testifies that in not more than 0.5 per cent. have deaths occurred, which is less than the ordinary labour records. To a woman living in the East painless childbirth will prove a boon, for the knowledge that her confinement will be a dream and not a nightmare will fortify and encourage her. Though the joys of maternity may help to make a woman forget her pains of labour, according to the author this does not affect the question of the damage done to the nervous system by prolonged pain. Pain can so affect men of the greatest physical courage and moral fibre that they become cowards and physical wrecks. The Spanish Inquisition proved this years ago. The fear of

childbirth and its effects have been responsible for small families. When painless childbirth is an assured fact this fear will disappear and women will be encouraged to have children as they did in the days of old. A full description is given of the technique as used at Freiburg and this should prove of great value to all medical men out here. The great disadvantage of Twilight Sleep appears to be the fact that a medical man should be in constant attendance, but in a special chapter the author gives a method of fixed dosage which renders this unnecessary. A little extra trouble and skill on the part of the doctor will not be grudged to the patient by members of the most noble profession in the work. Special exercises and diet are recommended during pregnancy to prepare the woman for her confinement, and it appears to the author to be as important to train for this event as it is for a man to train for a competition in any branch of sport. We must agree with him in his contention. Any man training for a wrestling or boxing match, or for any event requiring powers of endurance not only diminishes the amount of food he eats but also prepares his muscles for the trial by various exercises. Yet the average woman is told to feed up and take more food than usual and also to rest. This accounts in some measure for the bad times some women have in their confinements and the author argues that proper diet and exercises will help her to have an easy confinement with good results for herself and her child. Special instructions are given to nurses in charge of

cases delivered in Twilight Sleep and every modern maternity nurse should study them carefully. The concluding chapter on Motherhood will appeal to every woman. The author concludes: "From the loom of time a web has been spinning without cessation, with research and industry for its warp and woof, and the output has been civilization, with all its inestimable advantages. One of its last gifts has been the key to painless childbirth. We cannot afford to refuse or reject it, for it gives us the means of helping to increase the birth rate and thus of directing the future of our Empire. In the womb of British womanhood lie our progress and our strength." This is a book we can recommend to any woman interested in the question of painless childbirth and all doctors and nurses should procure a copy. Captain V. Green-Armytage provides an excellent foreword.

—*The Statesman.*

Clinical Cases.

I. Dental Fistula.

Babu Panchkari Chandra Bhill, Chatra Sideswari-tola, had been suffering from an attack of *Dental Fistula* for the last 3 months. At first he was under the treatment of two allopathic doctors, one of long-standing practice, an experienced L. M. S. of Chatra, and another Native Doctor of Sheorafulli. He was twice operated by the L. M. S. under lower jaw and the third

operation was made by the Native Doctor of Sheorfulli under chloroform. The latter also gave him twice injection under the impression that the blood of his whole system was spoiled and it should be corrected by injection. Having failed to be cured in this way, he was at last advised to get his affected teeth extracted by the best surgeon of the Medical College, Calcutta. With this condition of disease, Panchkari Babu came to me on the 29th of April, 1918, for treatment. The third molar tooth of the right side of the inferior maxillary bone was the seat of the disease. A sinus was formed there in such a manner that when I pressed the part of the cheek, the pus mixed with blood oozed out from both the sides, the inner as well as the outer side of the cheek. First thing I had to do, was this—I opened these fistula in the external side and began to use lint saturated with Calendula mother, once in a day and I gave him Silicea 30 to take as internal medicine twice daily, morning and evening. In short a few doses of Silicea 30 to 200 cured the patient radically in course of two weeks. The diet given was as usual. This shows that, it cannot be denied by any means, that there is any humbug or pretence (হামদড়িয়া) in Homeopathic treatment. It is most rational, natural and simple mode of treatment and at the same time cure is more positive, less costly and easier. Ask the truth to the world and the world would say so.

II.—Dysentry.

The infant son of Babu Abinash Ch. Chatterjee,

Headmaster of Bangabashi Collegiate School, aged 9 months, had a very bad obstinate type of dysentery on the 2nd of May, 1918. It was obstinate because it was the time of dentition. The character of the stool was greenish yellow, watery, frothy, tinged with blood hither and thither, there was great tenesmus during stool, the skin was little hot and the extremities cold and the child had the tendency towards nausea, sometimes bilious vomiting, sleepy with eyes half open, drowsiness with startings and jerking of the muscles. I gave him six doses of Ipecac 30 for two days, thrice daily, morning, noon and evening. The case was of the true picture of Ipecac, but no improvement was marked. Ipecac 200, 6 doses were given for the next three days, daily twice, morning and evening. No change. Ipecac could do nothing, rather the case gradually began to get worse. The child began to pass involuntary stool day and night even when laughing, sneezing and with every motion. The character of stools was of different colours. I tried Scilla, Apis, Puls. Not a bit of improvement. Then I gave Phos, Calc Phos as the stool seemed to be hot and oozing involuntarily. The boy remained in the same state. The father of the child is a very intelligent man and has a common knowledge of Homeopathy and has had a good deal of confidence in me for a long time, and so he could not say anything to me but was greatly annoyed. The female members were much agitated and disturbed. They grumbled and became very anxious to have a consultation. I, too, was much disgusted and sometimes

tried to charge the apothecaries for the bad preparation of medicine, sometimes put the fault on bad alcohol, sometimes on distilled* aqua mixed with sufficient quantity of Alum. but I fully appreciated my own diffidency and defect in selecting the appropriate medicine for the purpose. I stopped the medicine for the purpose. I stopped the medicine for a day and gave a few globules of Sulp 200 dry on the tongue. I marked a little change. Next day my keen observation and minute enquiry pointed out to me the sour vomiting and sour smell of the whole body of the patient, which suggested to me to administer Mag. carb 30. Four doses of Mag. carb 30 cured the child. I think, even almost all the renowned, highly reputed and most intelligent doctors of vast practice have to meet with such sort of difficulties during the course of their practice.

III—My first case for treatment of smallpox by Malandrinum.

When smallpox was prevailing epidemically at Serampore, Rishra and other neighbouring villages, a robust healthy lady, wife of Babu Kunja Lal Srimani (a respectable gentleman of Rishra.), aged about 40, had an attack of very virulent type of smallpox on the 7th of January, 1916. It was of the confluent variety of smallpox and there were many other cases of the same nature in the same house and in the adjacent houses of that quarter. High fever, the minimum morning temperature was 103 and the maximum evening temperature was

105-6. Very drowsy during high fever; muttering delirium; hammering headache; eyes red, congested and inflamed. Constant nausea, distended abdomen with cadaverous smelling stool, excruciating pain throughout the whole body. I tried Variolinum, Ant tart, Bell, Sarracena according to the state of this obnoxious disease, but none of them gave me so much satisfactory result as Malandrinum 200. From the very day a few globules of Malandrinum 200 was given dry on the tongue, the patient began to improve in every respect. The fever subsided, the temperature gradually came to the normal point, difficult swallowing lessened, diarrhœa stopped, the pustulous confluent eruptions began to dry up. She was almost all right in course of two weeks, during which period I gave her only 4 doses of Malandrinum 200 and a few powders of placêbo. Diet was strictly soft, liquid and easily digestible according to the swallowing power and the condition of the stomach. Solid food was totally prohibited until the pustulous eruptions of the mouth dried up. I have already told you that this was the first time of my use of Malandrinum in smallpox cases. Having been satisfied beyond expectation with the result of Malandrinum in higher potency, I have had occasion to try it in several smallpox cases in higher as well as in lower potency but almost in all cases with very satisfactory result. Though the higher authorities advice us to use it in higher potency, still I request my friends to use it sometimes in lower

potency too and they will appreciate its effect. It is a most useful medicine for smallpox, there is not the least doubt about it.

IV. - A chronic lumbago and sciatica case.

Babu Priya Nath Chakravarti, a respectable gentleman of Serampore, holding a high post in Bengal Public Instruction Department, had been suffering from an attack of chronic lumbago and sciatica for a long time. The disease originated most probably from cold, because the nature of his office business compelled him to live in cold climate. He had to live more than six months in Darjeeling, where his office is transferred in the beginning of the summer season. He tried several sorts of allopathic ointments but to no effect. They are only palliative and gave him momentary relief. They have no permanent curative power. The allopathic doctors advised him for injection, as the usual fashion of the day. He came under my treatment on the 25th of September, 1916. The nature of his disease was just like that of Rhus tox. He felt most uncomfortable in remaining in the same position for a long time. He must shift his position to get relief. He felt difficulty on first moving but was much better after moving but a few steps. I tried Rhus tox 30 and 200 for a week, once or sometimes twice in a day, but the result was not as satisfactory as expected. Of course it gave him relief to a certain extent. He was much better than when he used to apply allopathic ointments, but he was not in his natural state. I gave him

Medorrhinum 200, thrice in a week and a few powders of Placebo to be taken thrice daily for the satisfaction of the patient. He was all right in a week. The nature of his disease should have completely yielded to Rhus tox according to the symptoms of the patient, but why the remainder of the disease was not completely cured by Rhus tox, I was at a loss to understand. But I should be frank in acknowledging that I did not try the C. M. potency of Rhus tox, which was not then in my stock, but which might have brought about complete cure. I think I should also be outspoken in saying that I have derived much benefit from our new remedy Medorrhinum 200 in chronic rheumatic cases of long standing even where the cases have been lingering under highly reputed and well selected medicines of rheumatism, such as Rhus tox, Guaiacum, Causticum, Pulsatilla, Phytolacca, Arnica, Calc. carb, and they have failed to bring about the desired effect. Sometimes I tried it in this disease in lower potency to prove its efficacy but was not so much satisfied. I advice my colleagues to give it a fair trial in rheumatism in higher as well as in lower potencies and let us know the result.

Dakshina Ranjan Datta,
Medical Practitioner, Serampore.

Note.

IF General Edward's first speech in the Imperial

Législative Council may be taken as an indication of the standard of work to be expected from him throughout his term of office as chief of the Indian Service, that Service and India may congratulate themselves on his appointment. The suggestion was thrown out that a new Civil Medical Service should be formed independent of the Indian Army, and that, to it should be assigned all the principal medical posts in this country. General Edwards, while pointing out that this proposal would involve the destruction of the I. M. S., took some pains to describe the achievements of that Service. He rightly claimed for it the gratitude not of India merely, but of the whole world, for its researches into the causation and treatment of a dozen of the cruelest scourges which afflict humanity. Throughout India even in peace time only 400 of its members hold civil posts. Such pecuniary injury as accrues to the indigenous medical faculty of this country from the competition of these men is negligible, while the benefits resulting from their educational work alone and in preserving contact between India and the great medical schools in Europe is incalculable. It is indeed safe to assert, as General Edwards did assert, that any locally recruited service which it is proposed to create could not do the work which the I. M. S. is constantly placing to its credit. General Edwards is for mending and not ending the existing system, and the conclusion of his speech suggested the possibility of a constructive programme, if and when war exigencies permit.

—*Statesman.*

Clinical Cases.

P. C. MAJUMDAR, M. D.

I.

A young woman, *primepara*, thin and anæmic, had been in bad health since her last child-birth three months ago. A fortnight after her accouchment she had profuse hemorrhage of bright red blood with big clots without much pain which was for the time being arrested by allopathic medicine. After two weeks she had diarrhœa, wind in stomach and great weakness. Astringent medicine had seldom been of any effect. She could not eat her food well and any hearty meal was followed by flatulence and loose, almost watery stools.

Tired of allopathic medicine she sought my advice, and I went to see her on the 16th of January, 1918. After carefully recording her symptoms, I gave her a dose of China 200 followed by placebo. She was better for one week and she gained some strength and blood, but unfortunately she took some food hard of digestion and a relapse took place. From morning till 10 A. M. she used to pass 4 or 5 loose motions with rumbling and passing of wind, slight pain during stool. Natrum sulphur 30, three times a day, stopped the diarrhœa, but her uterine hemorrhage gave her troubles from time to time. She wanted to go home which was in a very healthy district. Her husband came and requested me to give some medicine. I gave him China 200, one dose a week, for one month.

That cured her completely, as I heard from her husband at the end of May that she had no more hemorrhage ever since taking the last dose of China.

II.

Babu S. Mitra, a young man of 25, tall, fat and plethoric, had been suffering from malarious fever for sometime. He went to Puri for a pleasure trip where he caught the malaria. He took quinine and some other allopathic medicines. I was called and I examined him; there were no enlargements of liver and spleen. Slight cough and obstinate constipation.

Fever used to come in the morning from 8 to 10 A. M., slight chill and not very high fever. Hands and feet were cold; very slight thirst and little perspiration. Temperature in the afternoon came down to subnormal from 96 to 97 F. During fever he slept for sometime and felt very much prostrated. *Nux vom* 200 in the afternoon during intermission. Next temperature was less. It used to rise upto 102 F. But that day after taking *Nux vom* it did not go above 100 F. Placebo was given and temperature was 99 F. the next morning. In three days' time his temperature became normal and he was free from the fever the whole day. On the second day after *Nux vom* he had a good motion. I gave him some solid food and his bowels were normal ever since.

It is a bad practice among our brethren that in cases of malarious intermittent fever, if the fever comes after his medicine he is sure to change his prescription

and gives some other remedy. We ought to wait and see if the next paroxysm is light or out. Some of us are so eager to see that the paroxysm should be at once stopped or else his selection of the medicine is wrong.

III.

A little Mohomedan child, aged about a year, had been vaccinated two months ago. After two weeks he showed some eruptions on his body which were cured by some oil prescribed by an allopathic doctor. Two weeks after a gland in the neck was inflamed and pus came out.

After a few days, another gland in the axilla was inflamed and a big abscess was formed. This time it is attended with high fever, great prostration, drowsiness and delirium. I gave him *Silicea* 30 three times a day. Next morning fever was less, but other symptoms remained the same. The abscess became more prominent to a head. *Silicea* 200 one dose. Fever left altogether, but the abscess was very painful and more prominent. Placebo one dose every four hours. Abscess burst out next morning and copious pus and blood came out. So other medicine was given and the child was thoroughly cured. The father of the child wanted some medicine to eradicate the bad effect of vaccination and I gave him two *silicea* 200 powders to be taken once a week.

This child developed skin eruptions again after a few days. These eruptions looked very much like

secondary syphilitic eruptions but of a mild nature. No discharge of any kind, dry, tetter-like with intense itching. I gave him a dose of Hepar sulph. 30 for four days and the eruptions were fading away. Father denied the syphilitic taint of any kind in his or his wife's person. I am at a loss to understand how these suspicious eruptions appeared in such a young child. It may have been due to the bad effects of vaccination.

LARYNGEAL TUBERCULOSIS.

HERBERT F. GAMMONS, M.D., Assistant Superintendent,

State Tuberculosis Sanatorium, Carlsbad, Texas.

The diagnosis and treatment of laryngeal tuberculosis are considerations which are not standardized by physicians in tuberculosis work. Some specialists do not make a routine examination of the larynx and a number do not believe in treating laryngeal infection except possibly by rest.

A routine examination of the larynx should be made in every case of pulmonary tuberculosis and in those suspicious cases where there are symptoms pointing to laryngeal involvement. Examinations at intervals should be made on all cases of pulmonary tuberculosis and more often on those cases who raise large amounts of sputum because sputum often becomes lodged in the box of the larynx, produces inflammation and subsequent tuberculous infection.

A prerequisite to the successful treatment of

tubercle formation in the larynx is the same as that in any other location of the body, namely early diagnosis and institution of rest treatment. It is a fact that rest has decreased the cough and pain to a great extent when applied to the organ of voice and every sanatorium should have a ward for laryngeal cases where deaf and dumb method of communication would be in vogue or where patients would be made to communicate by means of paper and pencil.

The necessary factors for a successful examination of the larynx are :

1. The illuminator, examiner's mirror and patient's mouth should be on the same level.
2. Co operation must be obtained and the patient taught to hold out his tongue with a cloth ; sometimes it is necessary to use a tongue depressor on account of a highly arched tongue.
3. The patient must be told to breathe deeply or to phonate as the case demands to bring the different structures of the larynx into view.

The chief signs to be looked for in an early infection are localized inflammations or infiltrations which are usually found in the posterior commissure, on the arytenoids and on the true vocal cords. These locations are infected with about the same frequency ; the false vocal cords are less often involved and tuberculosis of the epiglottis is uncommon.

As cases progress, untreated both as to the local and pulmonary condition, we get pathologic changes as in the lungs depending on the resistance of the

patient and the virulence of the infection—marked infiltration being present when the condition is favourable and necrosis when the opposite is the rule. The latest manifestation is often an œdematous infiltration which as a rule ends in necrosis. All of these pathologic changes may be present in different parts of the larynx simultaneously.

Approximately half of the cases seen have not had any subjective symptoms other than of the primary lung involvement and would not have been discovered without a routine examination; change in voice was present only when the true vocal cords were infected and in only a few cases was there any pain or sensation except tickling.

TREATMENT.

The usual treatment consists in the application of argyrol in different strengths, formalin 1 to 10 per cent., lactic acid 20 to 80 per cent., camphor and menthol 5 per cent. in olive oil, Lugol's solution and the use of the cautery, amputation of the epiglottis, scarification, or nerve blocking as the case demands. Sometimes it is necessary to use a cocain spray in the advanced cases and tuberculin is at times indicated.

I have obtained the best results by using argyrol in a 20 per cent. solution and formalin in a 2 per cent. solution; the argyrol in those cases where the mucous membrane is not broken and the formalin where there are ulcerations. Some physicians will not use argyrol because they claim that it is not germicidal.

to the tubercle bacillus ; the local physiologic effect is what we want and that is relief of congestion and in the absence of ulceration no germicide would be efficacious.

Formalin acts as a germicide and at the same time stimulates granulations ; it should be used in cases of ulceration where the cautery is not indicated on account of extensive involvement.

Treatments as a rule should be given two or three times a week, the larynx first being washed out with an alkaline solution to remove the mucus ; Seiler's and Dobell's solutions have been used for this purpose. I have had better results by applying the medication to the larynx on a cotton applicator than by the use of a spray.

I have never seen a case of laryngeal tuberculosis, having any reasonable chance of improvement as far as the lungs were concerned, which did not improve under treatment. On the other hand, cases which seemed to offer good prospects of arrest as far as the lungs were to be considered and who were not having laryngeal treatments invariably had a progressive laryngeal ulceration.

CONCLUSIONS.

1. All patients with pulmonary tuberculosis should have laryngeal examinations at regular intervals, especially those who have large amounts of sputum or any symptoms referable to the larynx.
2. Laryngeal tuberculosis is a disease in which, if

treated by rest and other recognized measures, a favorable prognosis may be given

3. Treatment should not be routine but the case should be treated according to the pathology present.

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ইংরাজী ও বাঙ্গালী চিকিৎসা-গ্রন্থাবলী ।

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চিকিৎসা-তত্ত্ব (নবম সংস্করণ)	২১০
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প্রথম গৃহ চিকিৎসা	১০
দ্বী চিকিৎসা	১১০
অস্ত্র চিকিৎসা (প্রথম সংস্করণ)	১১
শিশু-চিকিৎসা (তৃতীয় সংস্করণ)	১১
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Cholera	Rs. ২.
Appendicitis	Re ১
চিকিৎসা-স্মার, দ্বিতীয় সংস্করণ (ডাক্তার জিতেন্দ্রনাথ মজুমদার প্রণীত)	২১০
ওলাউঠা-চিকিৎসা	ঐ ঐ ২১০
Cholera Asiatica by J. N. Majumdar, M. D.	Rs. ২

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 , রোডে, ১১১ নং করপোরেশন ট্রীটে, এবং ২০১ নং কর্ণওয়ালিস্ ট্রীট, বেঙ্গল
 মেডিকেল সার্ভিসেরোতে প্রাপ্য ৭

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হোমিওপ্যাথিক

চিকিৎসা-সার ।

মূল্য ২।০ টাকা, ডাকমাশুল স্বতন্ত্র ।

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কলেরা বা

ওলাউঠা-চিকিৎসা ।

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knowledge of their employment constitute medicine."

—HAHNEMANN.

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[No. 4.

PURPURA.

Purpura is characterised by hæmorrhages into the skin and mucous membrane. It is a rare disease, and its causes are almost unknown.

Causes Anything that causes depression of the system, and any acute disease, such as malarious fever, albumipuria, cancer or cirrhosis of the liver, is followed by this disease. Both males and females are attacked and of all ages. I have seen a very few cases. In one case, it was an after effect of an acute Bright's disease, with profuse hæmaturia. This case was marvellously cured by homeopathic remedies.

Symptoms. Two kinds of purpura are described by authors. (1) Purpura simplex, (2) Purpura hæmorrhagica. In the first, bloody spots are seen underneath the skin, in the second serous and mucous membranes, and internal organs are affected. Albumen is seen in some cases. In hæmorrhagic form there

is fever and sometimes delirium. Anæmia is a marked symptom. Hæmorrhages take place from nose, mouth, intestines, kidneys and lungs. Sometimes diarrhœa and dysentery may be seen. Pulse very weak and excited. Sometimes we find the disease in rheumatic cases. It is hence called *purpura rheumatica*.

Prognosis. There is no fear in the simple variety, although it requires time for cure. Hemorrhagic cases are very serious.

Treatment. In simple forms Arnica, Arsenic, Belladonna, Berberis, Bryonia, Crotales, Hamamelis, Hyoscyamus, Iodium, Lachesis, Nux vom, Phosphorus, Rhus Tox, Secale, Sulphur, Sulphuric acid, and Terebinth.

Arsenic is a very efficacious medicine in this disease. It is useful in relapsing cases. Heat of the body, burning, restlessness. It is very efficacious if lungs and heart are implicated.

Arnica is a great remedy for purpura. Pain in the body, fever, extreme weakness. Arnica is a good remedy for absorption of blood.

China. Extreme weakness from hemorrhage, fever, tensive pain and profuse perspiration. Sulphuric acid. Weakness, trembling of muscles, hemorrhage of black blood, diarrhœa. It is good for old people.

Phosphorus. It is useful in serious cases. Hemorrhage, weakness and liver affected.

Lachesis. Serpent poisons are useful in all hemorrhages. Lachesis is very useful in purpura. In fact,

I have been able to cure more cases with Arnica and Lachesis than with any other remedy.

RICKETS.

It is also called Rachitis. Rickets is a constitutional disease of early childhood.

Causes. There are several causes for its production. Children who do not get mother's milk are prone to get the disease. Children of poor parents who do not get sufficient nourishment and are obliged to live in unhealthy surroundings are bound to suffer from this disease.

Change in the bones is the most important feature of rickets. Bones become more or less deformed from pressure. They are soft and deficient in tissue. Teeth are not developed in time. Ends of the long bones become thick.

Symptoms. Digestive derangements, diarrhoea and so forth are the early symptoms noticed; or slight fever and excessive perspiration in head, chest and the neck are early noticed. Whole body is painful to touch. Burning of the whole body. Urine profuse and contains phosphate or calcarious matter.

Treatment Homeopathic treatment of this disease is marvellous. I have been able to cure many bad cases. But preventive and hygienic treatment is most important. Child should be kept in well ventilated and sunny rooms. Rubbing of oil, especially mustard oil in this country warmed a little and applied

throughout the body. Bathing must be adhered to. Child should be taken in open air morning and evening. Nourishing food, plenty of milk, both cow's and mother's, are enjoined.

Few remedies are required in this disease. I managed most of my cases with *Calcarea* in its various forms, especially phosphates and carbonates. *Silicea*, *Sulphur*, *Arsenic* and *Phosphorus* are some of the other remedies.

Calcarea carb—Digestive derangement, diarrhœa, wind in stomach, acid vomiting, copious perspiration, more on the head and neck. *Calcarea Phos*, thin, anemic and emaciated children, much urination, urine phosphatic and calcarious. Diarrhœa, green watery stools, glands enlarged, open fontanelles, child cannot stand or walk, teeth late in appearing. I cured two very bad cases with it. In one the child was very much deformed. I used first the 6th and the 30th potencies and subsequently higher. *Calcarea carb* I frequently prescribe in the higher, 200th and up.

Arsenic is another very useful remedy in rickets. Higher potency is the best. Stools scanty, frequent and of bad smell; abdomen distended, hectic fever. Insomnia, vomiting of food and drink, anorexia.

Ferrum phos—Fever high and of a remittent type, cough and bronchitis.

Silicea occupies a very high place in the treatment of rickets. Of the three principal symptoms of rickets, as described by Sir William Jenner, sweat on the head and pain over the whole body are found in the pathogenesis of *Silicea*.

Dr. Grauvogl says that softening of the bones is also a good indication for Silicea. We have derived much benefit from this remedy. Puffiness of abdomen, wasting of body, copious perspiration on the head, while other parts of body remain dry, fetid smell of the stools, inflammation, and ulceration are its symptoms.

Phosphorus is another remedy of great importance. Epiphysis of bones becomes hard and swollen and the bones are generally affected.

Sulphur. Dr. Hughes says, it is a very efficacious remedy in this disease ; but Dr. Baehr denies its curative virtue. We use it very often as a constitutional remedy, especially for those children who suffer greatly from itch. Fontenelle slow in closing up, diarrhoea of mucus and fecal matter, face pale, vertebra soft, glands swollen and full of pus.

Phosphoric acid is also very useful. Extreme prostration, pale face, painless diarrhoea and profuse urination with calcarious or phosphatic deposits.

Some other medicines are mentioned, such as Asafetida, Baryta c, Belladonna, Fluoric acid, Lycop, Mezerium, Pulsatilla, Staphysagria. Medicine must be selected with due care and attention and must not be changed frequently. Medicine may be stopped now and then but the treatment should be continued long.

Generally 12th to 30th potencies are used, but we often take the help of the 200 and up.

P. C. Majumdar, M. D.

THE HOMEOPATHIC PRINCIPLE : ITS UNIVERSAL APPLICATION.*

By JAMES W. WARD, M. D., SAN FRANCISCO, CAL.

The significant movement in therapeutics known as *Homeopathy* falls in the main, within the period of the nineteenth century. It is seldom, however, that the turn of a century mark happens to coincide exactly with the beginning or the end of a great epoch, either political, religious or philosophical. This period in medicine to which I refer began virtually in the year 1796 with the publication by Hahnemann of his first essay, "On the New Principle." This century is brought to a close in 1893 by the introduction of serum therapeutics by Behring. They are the natural boundaries of this first "Homeopathic Century." It was an age characterized by a restless spirit of inquiry—a century of challenge. A new life was awake and stirred in the minds of men. Traditions which had long been venerated became the objects of searching investigation and criticism. Ancient authority was no longer regarded as the court of last appeal. The old beliefs which failed to justify themselves at the bar of experiment were discarded. The foundations of time honored systems seemed shifting and uncertain. There was insistent demand for the fair play of the individual judgment. There was also a constant reference to the light of reason, the inner illumination shining bright and clear, in contrast to the

* Bureau of Homeopathy, A. I. H., 1917.

shadows of empiricism, or the false and flickering light of dogmatism of the century before. In this period there developed the spirit to reduce the problems of medicine to the basis of simplicity and to take common sense view of treatment. It was a great movement toward the practical. During this century treatment found its highest expression in the use of drugs. This expression was ever that of faith in and search for other and more remedies. The art of homeopathy molded the dominant school to the use of smaller doses, less complicated formulæ, and impressed the public with the value of simpler treatment.

Serum treatment proved the first suggestion to the old school that the philosophy of Hahnemann was capable of visible application and gave a perspective to the homeopathic world of its wider significance. There exists no less belief in the efficacy of remedies in the homeopathic ranks since the development of serum therapy, yet in a measure it has retarded drug experiments and analysis through a diversion of effort.

I shall address myself in this discussion to three interrogations :

I. Is the homeopathic principle correct in conception ?

II. Can the application of homeopathy be made universal ?

III. How can the individual practitioner contribute toward its universal application ?

To review—

Is the Homeopathic Principle Correct in Conception ? If the principle be correct in conception, still it may have natural limitations. If it be universal in operation, it must at once be correct in principle and be limitless in application. The whole controversy of homeopathy must find here its solution. Nothing has as yet been advanced to disprove its correctness. The earliest homeopaths believed it to cover all drug treatment. Their abiding faith in the principle and their indefatigable attention to symptomatology as their guiding star developed a school of practitioners whose keen discernment of drug values has given to the school of today its very art. The doubts in drug values of our day were not born with us but were even more acutely analyzed long ago. The vision of earlier homeopaths was through the same perspective as ours. The advanced knowledge of our day through bacteriology and pathology have signally failed to disprove or weaken the theory upon which we make application of the indicated drug. Is baptisia more applicable today in typhoid fever because Mellon has shown its effect on the Eberth bacillus ? The symptomatology remains the same,—its application just as effective then as now.

Hahnemann applied drugs first to chronic diseases and at a later period to acute disorders. Homeopathy has been said to be a jumble of symptoms with no scientific basis for existence ; to be all sail and no anchor. Were it not for the vast experience of the discerning prescriber, this might prove a barrier to

progress. Thanks to advancing laboratory researches, this fear is now unwarranted. If I were to picture a decline in the homeopathic school of the twentieth century, it would be approached from within. There was a time when the contempt, ridicule and persecution of the Cæsars and Napoleons of allopathy threatened to deliver homeopathy to the "limbo of decay," or, as in our generation, seize the reins of state and national control of educational institutions in medicine on the pretext of higher education, and to lay waste the accumulated work of a century. Such a destruction would have come by the Huns and Vandals from without. That which we have to fear is not the enemies of our cause from without, for their efforts have only served to unite the school in common defence ; rather that which is more vital is from the seductive influence of preferment which has encouraged the Huns and Vandals from within our ranks, educated and fostered by our institutions, to estimate collateral subjects in medicine above the cure of disease by homeopathic remedies.

To accept this pessimistic view would be to leave out the main factor, namely, the substantial basis and value of the law of similars in therapeutics, elaborately proven by clinical tests. This proof never can be quite obliterated, even in the mind of the poorest observer if he has had reasonable experience in the use of homeopathic remedies. Could such an observer ever deny that aconite or bryonia are of value ? No ! It has been the purpose of our school to study the

evidence in favor of this law clinically and to determine the limitations of its workings. We have gone far enough to discover that the law reaches far outside of any other known therapeutic boundaries, and that its uniformity of application is as great in one part of the world as in another. The nihilism in old school medicine is shown by the recent edition of the United States Pharmacopœia, where so many useful drugs unproven by them, have been omitted for no other reason than considered useless in the opinion of some inexperienced committee-man. Our range of drugs with their defined uses offers the opportunity to preserve drug therapeutics to medicine. It is quite possible that the mission of homeopathy is to accomplish just this task, as well as point the way to uniform indications. A reaction toward the recognition of drug values will ultimately come if we prove true to our trust.

We have laid great stress in the past on the analytical study of drug effects and although not perfectly accomplished (with the product—the process is correct) the result is a vast storehouse of useful knowledge. We are now at a time in our history when the barrier raised by scientific exactions must be shown surmountable by synthetical methods and physiological explanation of drug action and symptomatology in accordance with laboratory research. The result will then be the hypothesis and the proof, that the drug picture is the truthful complement of the disease picture. The synthetical conception of homeopathy must be

pushed to the front ; following the law then to curative results will be a richer service. You know how it is with the century plant. It lives and grows, but generations come and go before it blossoms. Science is not a century plant, but a plant of milleniums. Homeopathy took root in the days of Hippocrates. but nearly two thousand years passed away before it blossomed. We today see something of the beauty of the flower, but the complete unfolding is not yet.

The discovery of radium by the homeopaths, Doctor and Madam Curie, opened a new field. It was at the close of this first homeopathic century (1896) that definite experimental work in radioactivity was developed. Radioactivity as a science may yet offer much in proof of homeopathic pharmacodynamics. The earlier use of radium proved disastrous largely, it is believed, through excessive dosage and lack of selection. Abderhalden has shown that medicaments out of harmony with the tissues fail of absorption or are changed before their absorption or assimilation with the blood current. The fact that homeopathic remedies are known to act clinically in marked attenuation is substantiated by M. Perriñ, who found that the mean kinetic energy was independent of the mass. In fact, the extraordinary movements of the smallest visible particles was in marked contrast with the small and sluggish movements of the large particles. The nearest approach to the divisibility of matter in the human body from the recent viewpoint, is in the regarding of electrons to be the composition of cells.

The real energy of matter from the physicist's researches leads to the belief that its subdivision is limitless. Dr. Albert Abrams has shown by the biodynamometer "the almost unbelievable fact that the mechanic subdivision of drugs or their dilution will augment their radioactive potency." This would appear to be "the first positive experimental evidence of the latter contention."

The same author in a brilliant effort sought to disprove the infinitesimal dosage and, like Hahnemann in his experiments with Peruvian bark, proved the values which he endeavored to overthrow. He has shown that "all electrons are characterized by uniformity of vibrations." The unit of energy is an ohm. Aconite diluted 100 times has its radioactivity increased 78 times, whereas a dilution of 50 was only increased 24 times. The potentiality of calomel 1/100 was increased 76 times and a 1/200 gr. of the same drug was increased 110 times. Belladonna diluted to 6x was increased 303 times. Furthermore, the same author has shown that "the vibratory rate of specific drugs corresponds to the vibratory rate in disease." "It was found that the vibratory rate for syphilis is 20 and that of mercury and potassium iodid is likewise 20. The vibratory rate of gout is 4 and that of colchicum is likewise 4; that the rate of polyarthritis is 3 and that of the salicylates is also 3. The vibratory rate of malaria, like quinine sulphate, is 10." Again we have the evidence of the laboratory to demonstrate from the angle of synthetical confirmation the correct

conception of attenuations, intimately linked with homeopathic conception of the law of similars.

It is in this particular work that the *materia medica* laboratory as a part of *materia medica* teaching in our universities will cast lustre upon homeopathy. Consider for a moment how vastly interesting and important the study of drug effects becomes from the occupational and laboratory points of view, stimulating a thirst for knowledge which leads to practical results for everyday service in the industries, especially lead, copper, arsenic and mercury.

If homeopathy has given stimulus to the analytical science of practical medicine, it will receive in turn extension and improvement from it.

The domain of homeopathy, as we now conceive it, can be fairly well stated to include all functional disturbances. Functional disturbance is the basis of all disease and as such, functional restoration is the essential of all treatment. In the light of my own experience the indicated remedy will modify a self-limiting disease 50% of the time as to clinical course, and very often palliate the incurable. When this can be definitely stated beyond scientific rebuke, a long step will have been attained toward bridging the chasm of schools. My contention is that homeopathy has no competitor. It is not offered as a rival of any other mode of treatment. It is complementary to surgery and manual therapeutics and at times even to palliative measures, and is supreme in curable disease. An illustration of the combination of palliative and curative

measures is demonstrated by the intraspinal injection of the indicated homeopathic remedy and adrenalin in conjunction according to the successful treatment of poliomyelitis anterior shown by Prof. J. T. Simonson and S. Anson Hill. Science must ever turn towards universality of treatment. A school of practice which seeks to attain universality must carry on its front a general and all-embracing idea.

Von Grauvogl attempted to supplant the word homeopathy by the expression, "therapeutics according to nature's laws." The expression "according to nature's laws" is disappearing as the laws of nature, one by one, are being discovered. In time nothing but the word "therapeutics" will remain—nothing but our single drug therapeutics, for all physicians; then will the law of similars have risen to its undisputed sway over the world of therapeutics. Therefore, as long as and as far as the law of similars obtains in functional disease, so long and so far must these treatments be designated, "Homeopathic."

Can the Application of Homeopathy be Made Universal? The most striking feature in the Roman triumphal procession was the absence of Pompey's statue; so the most remarkable circumstance connected with the present epoch in medicine is the absence of any apology or arguments for a modern therapeutics. Twentieth century medicine in general owes vastly to homeopathy. It has worked a real and scientific therapeutical awakening alike from the synthetical and analytical point of view. It has replaced syncretism

and hypothesis and offers a true medicine of indications. Hahnemann carried to the highest point of perfection the value of indications, for he substituted *positive directions for abstract and false hypotheses* ; gave us a formula from facts by legitimate induction, thereby making obvious the synthetical part of practical medicine as its most important object to next attain. In fact, the first thing to be done, in homeopathic treatment is to make sure of the indication for the remedy. To do this is to prepare the most complete picture possible of the symptoms experienced by the patient and of all the circumstances that may have an influence on their development and existence. The physician should record these in a note book always with him for this accurate citation. He then has the image in writing which permits of no important omission. To get thoroughly interested in the work this must be a daily practice at office and bedside for use in noting real and positive indications. In short, it is a brief of your case. How else can accuracy be obtained, retained and justified ?

This kind of work should follow, not precede, a diagnosis. It is apparent how immensely practical the application of this method will gain in precision with the physician acquainted with all modern diagnostic technic. He will stand at the bedside equipped with practical skill instead of being a mere copyist of symptoms. The wide awake homeopathic prescriber must be abreast of the latest up-to-the-minute knowledge belonging to the internist and

surgeon. It is equally true that the knowledge of diagnosis, pathology and bacteriology is the complement of the application of homeopathy. It is thus these truths unite to form a perfect science.

"The induction of the physicist is founded on the stability of natural laws. Hence, it follows that his conclusions are always hypothetical. The laws of nature could never be established except on the universality of facts, whence it follows that the physicist when deducing an unknown fact from a few known facts, never obtains more than a probability greater or less." There is very little in medicine susceptible of proof beyond a possible doubt. The conclusions of today may become the basis for the doubts of tomorrow.

If the law of similars has the same value as the inductions of physical science, then we should view the law of similars as the basis of modern therapeutics. Homeopathy has changed since its enunciation and may be still further changed, for no man can assign limits to the progress of science. The revelations of bacteriology as evinced in serum therapy have signalled a larger application of the law of similars. The knowledge of pure drug effects may be extended by contact with bacteriology, pathology and the experimental laboratory. It grows upon us as we investigate the relationship of drug provings to the newer pathology and bacteriology. Study the symptoms of rhus, baptisia, lachesis, hepar and secale as they relate to the infections, with all the pathology included in

the analysis. Study the symptoms of tarentula, plumbum, ranunculus, aconite and gelsemium to the lesions of the nervous system. A classified symptomatology, adapted to general and special pathology, will throw fresh light on a pure materia medica, the sphere of which will be enlarged by observation and experiments. Then those drugs which we have proved useful clinically will be handed over to the laboratory for the determination of their physiological action and their experimental confirmation.

Hahnemann and his followers to the present day have sought to discover the nature of medicines, to give rules for their use and reasons for their efficacy. This art of fulfilling indications, of adapting the remedy to the disease,—this art arising out of observation and experience, this master method, this wise eclecticism is, not a dream. It is indeed the very creation of experimental therapeutics.

The conception of the value of external symptoms as an expression of the internal disease makes it possible for a remedy or remedies, as indicated, to cure both the local and internal phenomena associated ; this, because of universal adaptability and application.

The application of the law of similars has suggested a reform in the administration of medicines. The use of the single medicine by the old school to a larger degree is our advance. The infinitesimal dose no longer belongs exclusively to the homeopathic school. It is now an every day experience to hear that the first shock produced by a medicine on the organism

is far less violent when a small dose is given. Therapeutic action, yet undetermined in every instance, is vitally concerned with cell life, its functions and clinical changes. It is therein that reactionary changes must occur to occasion transformation of energy of disease to the resistance against it. Our method of identifying the true action of drugs, while still crude, is pointing toward "physicochemic transformation," as a fundamental truth, now known and largely admitted by laboratory experimenters.

In every case the discrimination is between the palliation of symptoms to the end of life or the use of such remedies as shall cause nature to react for the real cure. In each case a severe test of judgment is involved in dealing with the individual problem.

Indeed, this question is before every practitioner. Its solution will be measured by his earnestness and his intellectual perspective. Palliation will exist just as long as disease is imperfectly conceived by the physician and patient. If the patient can be made to realize that a symptom is the cry of a suffering organ directing the physician to interpret its meaning, and through that interpretation the selection of a remedy to cure, then, and only then, will mere palliation be discarded. A certain palliation by harmless adjuncts as heat, cold, position, air, water, etc. must be accepted as demanded by intelligence of both physician and patient.

What is disease? Disease is the alteration of the organism which manifests itself by symptoms,

subjective and objective, of any organ or part of the body. We may truly say that Hahnemann only considered diseases in their relation to *materia medica*, having in a word adapted diseases to remedies. Hahnemann reversed the medical problem by asking what sort of a patient has this disease. This he did from an exaggerated fear of seeing homeopathy degenerate into generic indications. The fear of one evil often draws us into a greater one and we of this generation must not allow the great value of symptom matching to be sidetracked ; rather should we develop it in the light of modern pathology. The symptoms of the *materia medica* must be analysed and explained to the modern student if we expect attention and belief. It is not enough to state that aconite produces fear and restlessness, but why ? It is not sufficient that sulphur drives the prover out of bed at early morning or that the odor of stool follows him as if he had soiled himself, but why ? All valid symptoms of drug action are susceptible of physiological explanation. They must be forthcoming. A work of the future on homeopathic practice must be adapted to modern conception of disease. Truth in pathology should be no more sacrificed to therapeutics than truth in therapeutics to pathology. The reconciliation of these two orders of truths is perfectly legitimate and should point the way to a better system of medicine. If Hahnemann failed in the process in his day, his manner of laying down indications to be followed at the bedside is none the less true and positive.

The formula of homeopathy is as old as medicine. The particular and far reaching thing Hahnemann did was that he drew a specific relation between indications and treatment, consequently the key to therapeutics. An idea is born in the mind of a man of genius ; it takes possession of his initiative and becomes so identified with himself that it measures his comprehension and extension of the idea.

The law of similars is only a means of reducing to order the confused state of therapeutic knowledge.

Apart from homeopathy and its influence on modern medicine, the relationship of drugs to treatment is entirely arbitrary.

The homeopath confines his attention to the actual symptoms of any case and bases his prescription on the palpable and obvious, rather than on the recondite and hypothetical. The observant prescriber does not use the mere unthinking canting of symptoms but attends to the characteristics and essential symptoms rather than the general symptoms common to many diseases and many remedies.

Although the totality of symptoms is our guide, yet to obtain a correct image of the disease, we collect all symptoms, objective and subjective, and we use all the possible diagnostic aids to enable us to give these symptoms their due sequence and therapeutic importance.

It is now an old charge made against homeopathy that it disregards all the aids of diagnosis and revels in a mere catalogue of symptoms.

The objection is as readily refuted as it has been reiterated. Homeopathy has had and does have its shortcomings, yet it is a nursery of capital truths in therapeutics.

Neither homeopathy nor allopathy is all true or all false, but they are truths complementary to each other and should have respectful association and affiliation. Medical truths must be brought together to form a whole so that each may appear in evidence and receive illustration from various branches of medical science and to an agreement with them.

The highest expression of Hahnemann's work was the substitution of experimental for hypothetical therapeutics. In recent years the dominant school has swung into line towards experimental therapeutics, as the results of the bacteriological laboratories will demonstrate. Hahnemann's work really rested on a physiological hypothesis, basing the relation of indications and treatment on the general law of similars demonstrated by drug experiments. Hahnemann actually created the world's first physiological laboratory for drug examination.

In a disease we may conclude that the medicine acts upon the same parts as are affected by the natural disease and in a similar or analogous manner ; such a medicine is the *similar* of the disease in question and though it may have many other actions, in the small doses in which we exhibit it, it has only the power of influencing the parts that have this susceptibility abnormally exalted by illness. In the phraseology of

the laboratory, the tissues become sensitized to the indicated remedy. The curative powers of drugs must be ascertained by provings; the laboratory and clinical experience must verify their range of action.

In seeking the universal application of homeopathy it is eminently important that the Homeopathic Pharmacopœia should be recognized as fundamental knowledge of drug effects. It is not enough that *we* recognize it. There should be general recognition, especially important if our rights as a school of practice are to be safeguarded under the "Pure Food and Drug act" changes and regulations. The National Pharmacopœia is by no means satisfactory to the liberal old school practitioner. A pharmacopœia broad enough to be truly national should include all substances having therapeutic values rather than be narrowed by elimination. Satterthwaite, in a most illuminating paper, remarks that "The United States Pharmacopœia is not fitted to be our guide, either in faith or in practice. Even the last edition fails to recognize some of the drugs which may be used with advantage, while it puts its seal on others that should have no place in any national pharmacopœia; in fact, it would be impossible to treat diseases of the heart or vessels successfully if restricted as to the choice of remedies by those made official, while in some instances the particular preparations of the drug and its dosage are open to serious criticism."

It is clear, therefore, from the eminent authority quoted, that no satisfactory basis has been reached

for making drugs official or for estimation of their value. It points to the futility of regarding with fixed conclusions the efficacy of any drug except by the experimental system. It is an attempt to state the certainty of therapeutic values within a certain range of drugs with as much assurance as the treatment of disease according to name. Such a therapeutic system is not allowed to grow naturally, enlarging as experience suggests ; rather it is subject to the pruning and elimination guided by whims of personal prejudice on narrow observation.

How much have old school therapeutics advanced during recent years. Let us see :

Reynold Webb Wilcox says that the advent of the Ninth Decennial Revision of the United States Pharmacopoeia, "the law book of old school medicine and pharmacy," should have been the greatest step in progress, but "it bears evidence of the internecine strife which characterized its production." Of course, no work of composite authorship will be universally accepted because such a book must necessarily be "a compromise between the broadly educated and the narrow and local practitioners."

"The accessions are as follows,—diacetylmorphine (heroin), creosote carbonate, emetine hydrochloride, diastase, phenolphthalein, theophylline, theobromine, sodio-salicylate, dessicated hypophysis, sodium perborate, betæucaine hydrochloride, oxygen, nitrous monoxide, calcium lactate, quinin and urea hydrochloride, antitetanic serum, vaccine virus, petroselinum,

dwarf pine needle oil and especially aspidoserma, new preparations of caffeine, the sodio benzoate of arsenic, sodium cacodylate, aethymorphine, agar, bran, mineral oils, trinitrophenal (which is picric acid to the uninitiated), phenyleinchoninic acid (known as atophan), terra silicea purificata or purified Kieselgube (and it should indeed be purified), and sodium indigo-tindisulphonate (a harmless dye). One is surprised to find uranium nitrate introduced while convallaria and cactus are not recognized." Homeopaths have successfully practised medicine a lifetime without most of these combinations. We do not object to their place in the pharmacopoeia, but we do object to the exclusion of our far more useful drugs.

We are surprised at the discovery of petroselinum, picric acid and silica, so long valued in homeopathic practice. The question is not whether the old school has omitted convallaria or cactus or introduced drugs ; rather, what has homeopathy *not* done to require this search for chemical compounds. The ingenious pharmacist is now guiding the physician to his remedies, their uses and their values. Is it not because of our deficiencies in prescribing and more precisely demonstrating the value of our well proven remedies ? Every correct prescription should speak out a declaration of positive results. *(To be continued.)*

—*The Journal of the American Institute of Homeopathy.*

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MAY, 1918.

[No. 5.

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talking that Police would come and take him in custody. The fear was of such an intense character that he was obliged to take long leave. When I saw him, he spoke to me rationally for the time being but lapsed into incoherent talks a few minutes after. He had insomnia and loathing for food. His bowels were obstinately constipated. He was treated homeopathically by another well-known physician of our rank. Hyosciamus, Verat alb. were given in high potencies and in frequent doses without the least benefit.

Sometimes he was in great fury, at other times morose and sorrowful. I gave him Nux vom 200, one dose, for three days. This had some effect. He had good sleep and constipation relieved and he could take his food better. But no effect on his fear? I prescribed, a few days after, a dose of Melilotus 3x, morning and evening, for six days. This had the desired effect at once. He was then more comfortable and did not express his anxiety and fear. I stopped the medicine and told his relations to watch him carefully without giving him any cause of offence. This state continued for sometime, but he had a sort of relapse and a few more doses of Melilotus set him right. This is a fine case.

The next case was of a Hindu clergyman of old age and great mental powers. Well versed was he in our shastras and astrology. His father and sister had insanity, of whom the latter died a few years before of mental derangement. So in this case I gave a

guarded prognosis. This happened at a time when searches were being made by the Police in many families for conspiracy. This unhinged the mental state of my patient. He had a fear that his only son would be arrested and taken to prison. He had that only son and a nice young man of good morals. There was no cause of apprehension that he would be molested by the Police. He showed signs of insanity by always talking that his son would be arrested and his house would be searched. His friends and relatives tried their best to convince him that this could not happen. This enraged him and he became violent. He was talking nonsense in his mind which could not be understood. All kinds of talk, even those of his son were absent for an hour or so. He got impatient to see him saying that he would be either arrested or poisoned. He had great faith in me and my medicine, always speaking that this was heavenly medicine.

However, I gave him a few doses of Strammonium 200, which gave him much relief. But his fear and anxiety about his son remained the same.

He had constipation and no desire for food. He was thin and tall naturally but otherwise of strength and vigor, very affectionate and of good manners, kind and considerate. I gave him subsequently a dose of Melilotus 3x, morning and evening. By taking it for one week, he was better. Fear was less, but not altogether gone. He was taking his food well and his constipation relieved. He had no longer any violence

but he was morose and always in thinking disposition. Sometimes very suspicious about his food and medicine as he thought that some body would poison him. He was free from all these mental symptoms, but he never became his former self again. This was about four years ago and his relatives became hopeless of his condition. The treatment was discontinued. I had also tried Lachesis high, Hyocyamus high and low but no permanent effect.

I think, cases of hereditary mental derangement are not entirely and thoroughly curable. This patient's father had insanity before the birth of his son and daughter and both had the disease.

The third case was that of a young student who came from the District of Mymensing. He was naturally of religious temper, always inclined towards books and writings of that nature. He was then studying for the First Examination in Arts. During the summer vacation in the year 1905, he went home and his brother and mother requested him to get married which he did not like. He said that he would pass his time in study and religious pursuits. Such urgent requests of his relatives served to enrage him much and he left home and came to Calcutta.

His college was then closed, so he got good opportunity of frequenting *Belur-Math* and attending religious lectures of the devotees there. His brother followed him and wanted to take him home from Calcutta. There was constant discussion about his getting married and renouncing religious pursuits.

This made him excited in body and mind and he became insane. Sometimes he was very violent, abusing his brother and other friends, and at other times speaking highly of our saint Ramkrishna and his disciples. On this occasion his mind was full of good things and serene thoughts. He lamented that he did a great wrong in disobeying his mother. At this time he received information that he failed in passing his examination. It greatly aggravated his case. I went to see him and asked him several questions. He answered them very gently but laid all the faults on his brother's shoulders. He would not take his food and slept very little at night. He always talked of various subjects and never took rest for a moment. Staring eyes and grimaces. Occasionally he got excited, walking in his room in an excited manner with closed fists as if to strike some body.

In the month of July I visited him and gave him Melilotus 6x, three times a day. He said, "I would refuse your medicine, but I know you are an admirer of Ramkrishna and a favourite of our *Guru*, so I will take your medicine." He knew that I treated the saint during his last illness. This had a great effect on his mind. In fact in three days' time he was a changed man. I continued my treatment for a few days more and he was taken home as a docile boy. I met his brother after a year and he expressed his gratitude to me for his brother's recovery, but I never saw him again.

The hæmostatic power of Melilotus is known to our

brethren. I had seen wonderful efficacy of this medicine in hæmorrhages from various organs and parts of the body. I shall narrate here two of such cases. My first case was that of a rich land-holder. He had a small pimple on the border of his tongue from which blood was oozing out rather freely. He was treated by some of the best allopathic doctors of this city without any benefit ; on the contrary it aggravated the case.

I was called on the 26th of June last year and I saw him bleeding profusely. About a large cupful of pure arteréal blood was pouring out from this small wound. I was surprised at this. However, I tried two medicines without much relief. The wound in the tongue was painless and there was no other symptom except the hemorrhage. At last I gave *Melilotus* 3x, one dose every four hours, and put twenty drops of the mother tincture in an ounce of water to apply to the wound.

Next morning he was better. I stopped internal medicine, but the lotion was applied now and again. In two days' time bleeding entirely stopped and he was all right.

The second case was that of my elder brother. He is a lawyer residing about a hundred miles from Calcutta. He had very profuse bleeding from his nose one day in January last. He is always fond of Homeopathic treatment. He consulted some doctors there. They gave him some medicines, but without any effect. There was a small wound visible in the lower part of

his right nostril. Any cause disturbing that wound was followed by copious hæmorrhage, the blood coming out in torrents. He was alarmed and he sought the advice of some allopathic doctors there and they wanted to operate.

He came down to Calcutta and saw me. I could not ascertain the cause of this alarming hæmorrhage. He was perfectly healthy in every respect. I tried Erigeron can. 1x, three times a day. It had some effect, but bleeding did not stop altogether. I applied mother tincture of this medicine with the same result. Now I decided to try Melilotus and gave him the 3x potency. It had a very good effect and in a few days, the hemorrhage was entirely stopped and he went to his place of residence quite cured.

P. C. M.

THE HOMEOPATHIC PRINCIPLE : ITS UNIVERSAL APPLICATION.

(Continued from page 96, No. 4, Vol. XXVII.)

How Can the Individual Practitioner Contribute Towards Its Universal Application? Every homeopathic physician must specialize in homeopathy. Whatever may develop as time advances, the fact remains that the law of similars now stands the test of every day application. It requires, however, the same accuracy of application as in the days of Hahnemann, who always sought verification from his books as he applied the law in practice. If Hahnemann used his

Materia Medica and Repertory, should we not also ?

Homeopathy, because it is a science, is not easy. Its materia medica takes into account materials near at hand and bids us work out their values. The scientific formula is clear but we meet in its application the resistance of its interpretation.

Just as electricity runs along a good conductor without giving evidence of its presence, but is converted into light and heat by the resistance of carbons, so it is when we recognize at the bedside certain essentials, that it awakens reflection and effort to reach out for that positive light in therapeutics.

With a clear interpretation of the correct remedy we are as sure to get response in curable disease, and very often in the incurable, as the magnetism which turns the needle to the pole. Homeopathy is to be judged in the light of the whole. I lay emphasis on the fact that if we have a wrong idea of the whole, we distort and make meaningless the parts ; therefore, to grasp the medical art correctly, it must be accurate and comprehensive. Homeopathic philosophy is simply intelligence. All intelligence works backward. Hahnemann started with the idea of creating a working principle in therapeutics and the end was a method of cure, while the means to that end were remedial measures. The fundamental truths of homeopathy are as unchanged as when the "Organon" was given to the world. Truth shines the brightest in just such a time as the present when therapeutic advances of

the laboratories all emphasize the correctness of interpretation of Hahnemann's philosophy. No generalization of methods can ever succeed in the practice of homeopathy ; it ever must remain a study of details in symptom correspondence. Each prescriber must work it out for himself. No man can know for another, or choose for another, or study for another. To give case symptoms over to the office nurse for repertorial study is to make dross of the values from its accumulated storehouse of knowledge. Each man must solve his own problems, if he is to perfect himself. The individual prescriber must contribute to the building of homeopathy's good name by realizing the importance of the unit he represents to the sum total of knowledge. Fundamentally homeopathy is vitally concerned with the removal of the cause as emphasized by Hahnemann.

To do eminent work in internal medicine, the homeopathic physician must have absolute faith in the curative value of drugs. He must have ample *Materia Medica*, comprehensive Repertories and a range of at least 100 remedies. Good work is possible only by ample facilities at hand and prescriptions thoughtfully made. The time consumed within recent years upon laboratory branches has robbed the present day graduate of the time formerly spent upon *materia medica* and as a direct result he has less enthusiasm and knowledge. This knowledge must be acquired later because it is essential for bedside success. The young physician must recognize that intelligence and

education in homeopathy means the acceptance of the experiences of others. This willingness to accept expert experience of drug values from their elders is the sign of the educated man in therapeutics.

The study of our materia medica is quite the most practical study that can be undertaken. As in clinical instruction in medicine, there is no symptom or method of investigation which can with safety be neglected, so in the study of a drug there is no pathogenetic symptom or any one of its modalities that may not present itself as a guide to a prescription.

Let me illustrate. Recently in consultation a woman came under observation, subsequent to a fall a fortnight before upon the back and hips, developing a marked vesical trigonitis with dysuria, vertigo and prostration. Very poor headway was made in differentiation of the remedy until of her own accord she said, "I feel the sensation as if drops were falling from my heart." Recognizing this symptom as belonging to the pathogenetic effects of cannabis indica, immediately the whole picture of the drug was disclosed. By comparison with the *Materia Medica*, every symptom found its place in the recorded pathogenesis. The slow passing of hours, the vertigo and brain pressure, the frequent small delivery of urine with burning, sometimes dribbling, the inability to walk or use her legs, with the stiffness and tired aching noted in the provings. On attempting walking, sharp pains would dart up her legs. Every symptom disappeared within a week from commencing the use of

cannabis indica 3x. Here the single symptom suggested the correct remedy.

And the metaphor may be carried a step further. The classical description of a disease contains the classical symptoms of the disease ; it does not profess and cannot contrive to take account of that personal element which is present in every case of that disease. The classical symptoms of cystic trigonitis were present as shown by cystoscopic examination, tenderness of trigone, blood, pus, and deep bladder epithelia were present, but the classical description of the bladder involvement could not necessarily include in the case the peculiar features of the remote but associate symptoms as previously described calling for the simillimum. To have treated this patient locally without regard to the general and the particular symptoms of the patient would have come short of the speedy restoration. It follows that the choice of the remedy is of equal importance with the diagnosis of the disease in homeopathic treatment and that each of the two mental processes is best begun from its own starting point. The two negatives, in photographic language, being taken separately and the prints compared to determine their similitude.

Again, very rich values would come from the homeopathic physician working among the old authors of our school regarding the therapeutic hints. It should be a matter of pride as we review our literature, Do you know that Hahnemann published his (first) *Materia Medica* in the Latin language? Do you

know that in the various languages throughout the century there have been forty-seven editions of the "Organon"? Do you know that homeopathic journals have been published in twenty-eight cities in eighteen countries? Do you know that during this homeopathic century there have been close to five hundred homeopathic medical periodicals in many languages? Do you know that the homeopathic library of the University of Michigan contains four thousand homeopathic volumes? The value of a homeopathic volume is well appreciated in searching antiquarian book stores and observing how few are for sale. A volume of homeopathic therapeutics has always a value, which speaks well in these days when the ordinary medical book five years old is scarcely worth the paper on which the knowledge is written.

Let me emphasize to you that the most powerful agent for the progress of our school today is the evidence of cures made based upon clear remedial indication.

Assuming equal clinical knowledge, it is not enough that the homeopathic physician does as well as his confrere of the old school. He can and should make earlier and surer therapeutic cures. In order for permanent respect as a scientific method, the remedy selection must not be too hastily or carelessly made; the remedy must be given sufficient time before change to bring systematic reaction. It should not be expected, when pain or insomnia exist, to act as a narcotic whose detrimental effects you seek to avoid.

The propaganda must be evidence, ever more clinical evidence in the light of modern analysis. Each physician is a unit in this work of structure building of the index of cures. What have you done through the years of your practice in recording cures by your remedies? Have you left a record of your work based upon the use of a single remedy at a time, prescribed on indications? These records should be the story of your professional work. Our school should develop the stories of the homeopathic materia medica cures in concrete form. The young doctor can learn by stories from the scrap book of your experiences. Reforms and advances in any line of endeavor are best effected by stories of work accomplished. Such stories are the record of the victories for homeopathy. Let each physician illumine his mind with results, for there is nothing that succeeds like it. If you cannot talk honestly about your recurring victories through the use of homeopathic remedies, can you blame the young doctor for questioning the superiority of our therapeutics? Can you blame the laity when they seek and do not find from observation clear cut difference among the allopathic and homeopathic prescriptions and their results?

A collection of the stories of what bryonia has done in disorders of the serous and mucous membranes; of phosphorus in diseases of lungs, glands, bones and blood tissues; of gelsemium in the cerebro-spinal affections, and so on to the end of remedies and their indications! These would be an index of results. If these reports

were properly written in mass and well edited, they would prove a living evidence of the growth and enduring work of the homeopathic school. The real doctor wants "to get results." How can he acquire better that essential knowledge than by looking up similar cases and authorities? The habit of using more than one remedy at a time must stop if ever the homeopathic school makes its undeniable impression upon the medical profession or among the laity. It will be only through accuracy in diagnosis, clear elimination as far as possible of the causes of disease, and finally precision in the choice of the remedy, that homeopaths can ever hope to gain that recognition which their accumulated knowledge justifies. Certainly it is now, if ever, that a century of homeopathic existence should speak out in no uncertain terms. It matters little whether the homeopathic school endures as a school in the final analysis, but it must remain as such until its philosophy is approved and its recorded results recognized. This will come only through earnestness, accuracy and honesty in reporting.

When Corinth was sacked by the Romans, as the temples burned, the statues of the gods, made of gold and silver and bronze, melted and fused together into a common alloy which was known as "Corinthian bronze," and had such peculiarly delicate tints and qualities that its value was priceless.

It may be conceived that in the destruction of the old time therapeutic belief, the values of which have survived through the experience of the centuries, is to

be vivified by the enlightenment made possible only through the law of similars.

This may be a new way of looking at things and it requires something besides thinking to take this view. No one can follow truth without being an actual hero, for the multitudes do not go that way ; they follow authority.

Remember the experience of Columbus when he dared to live up to the evidence which proved to him that the world was round. Derided by his contemporaries, he steered his ships toward the west with nothing to guide him except the great truths which science had revealed. Was the courage of that man a small achievement ?

To be a hero in battle may be merely to follow the footsteps of a great company of patriots who have achieved glory, but to be alone on an unknown sea, where the very laws of nature seem to be changing and the most trusted friends call you crazy, and then to dare every peril, inspired by the faith in the unseen country, is sublime ! This should be an adequate aim for the homeopathic school. The old therapeutic belief from which Hahnemann set sail on his voyage of new discovery was the material shore. It was the kingdom of brain paths, where bigotry and selfishness were not sovereigns, but tyrans. It has been the prevailing view of the dominant school that there was no other therapeutic land except that circumscribed by the variable records of experience. Homeopathy has given evidence that there is a world of uniform experience

leading to truth, a scientific formula in therapeutics, whose pointings have blazed the way for laboratory confirmation and whose achievements emphasize the breadth of the homeopathic law of cure I beg you to follow Hahnemann !

—*Journal of the American Institute of Homoeopathy.*

বি, সি, ধর এণ্ড ব্রাদার্স ।

বিশুদ্ধ আমেরিকান হোমিওপ্যাথিক ঔষধালয় ।

৮১নং ক্লাইভ ষ্ট্রিট, —কলিকাতা ।

টিউব শিশিতে ড্রাম /১০ ও /১৫ পয়সা ।

আমরা আমেরিকার বিখ্যাত “ববিক এণ্ড টেফেলের” নিকট হইতে বিশুদ্ধ হোমিওপ্যাথিক ঔষধ, শিশি, কর্ক, গ্লোবিউলস, স্ফুগাব অব মিল্ক ও পুস্তক ইত্যাদি প্রচুর পরিমাণে আমদানি করিয়া বাজার অপেক্ষা সুলভ মূল্যে বিক্রয় করিতেছি । ইহা ব্যতীত বাঙ্গালা পুস্তক, কাগজের কেশ, কাঠের কেশ, থারমোমিটার, পিচকারী ও চিকিৎসা সম্বন্ধীয় যাবতীয় দ্রব্যাদি অধিক পরিমাণে ঠেকে মজুত রাখিয়া সস্তাদবে বিক্রয় করিতেছি ।

মফঃস্বলের অর্ডার বিশেষ যত্ন সহিত অতি সত্বর পাঠাইয়া থাকি ।
কলোবা ও গৃহ-চিকিৎসার ঔষধপূর্ণ বাক্স —ফোঁটা ফেলা বাক্স ও পুস্তকসহ যথাক্রমে ১২, ২৪, ৩০, ৪৮, ৬০, ও ১০৪ শিশির মূল্য যথাক্রমে ২৥০, ৩৬০, ৪৮০, ৭১০ ও ১২৪০ টাকা, মাণ্ডাদি স্বতন্ত্র । বিজ্ঞাপনের আভ্যুত্থান দেখাইতে অনিচ্ছুক, একবার পরীক্ষা প্রার্থনীয় ।

এলোপ্যাথিক ষ্টোর, ১৪১২ বনফিল্ডস লেন, কলিকাতা ।

THIRD PLAGUE EPIDEMIC IN AGRA.

Since the advent of plague in India in our time Agra is seething under the dreadful scourge of a relentless nature for the third time. Hundreds are being carried away every day as a consequence of the baneful effect of the infernal disease. This is the most dreadful of all the fell diseases that break out in violent epidemics and sweep away thousands and thousands of people in no time. The virulence of the epidemic often becomes so intense that its very name strikes one with terror, as its high percentage of mortality beats by far all the records of death from any other epidemic whose unwelcome visitations devastated many a populous and promising land.

There is not the slightest doubt that plague is the most dangerous of all the diseases. It defies all treatment, it defies all hygienic methods, it defies all prophylactic measures. Whenever it breaks out in an epidemic form it is followed by death on all sides, taking away all regardless of age and sex, high and low. No disease commands so high a mortality, no disease plays so great a havoc among mankind as this dreadful pestilence. The loveliest baby expires on the bosom of the sorrowing mother, the beloved husband breathes his last in the presence of the weeping wife, the affectionate father dies on the shoulder of the broken-hearted son. If one of a family catches the infection, the others are already half-dead; who knows whose turn would be next? If it once enters into a

family, it soon brings ruin on it. Sometimes all of a family are simultaneously attacked, one is of no help to another; burning thirst, exhausting diarrhœa, despairing moans,—unhelped, uncared for, unsoothed, naked, delirious, unconscious all together,—a horrible sight to look on, shocking to decency and humanity! Nay, more, the dying are lying side by side along with the dead crying for water, or help,—and thus are left to their fates. The living have not the courage to do their last duty to the dying, or to the departed ones! Bodies upon bodies are heaped up on carts like those of beasts to be removed to the burning ghats, or cremation grounds,—pitiable end of the proud human beings who were once so boastful of their civilization and society! No man can depict the real picture of misery of the people even in his imagination, no man can form the correct idea of the actual state of things if he has not seen the heart-rending sights of an epidemic.

Before going any further to write about plague in Agra, it will be worth while to trace the early history of the disease. Sometimes it is wrongly supposed that this disease is of very recent date. However, the clear description of boil pest in Exodus ix, 9-11, and its allusion in Denteronomy, xxiii, 27, as the botch of Egypt, truly according to Dr. Sircar, is nothing else than the bubonic plague of our time. According to Calvert the mention of the disease in I Samuel, chapter V and VI is also nothing but the bubonic plague of the modern times, whereas Osler says that

the first authentic description of the disease is obtained from the second century *Anna Domini*. However, we see that the oldest record of the disease can be traced as far back as fifteen centuries before Christ. Therefore there is no reason to doubt its existence in the world from the very ancient times. But it is singular enough that there is no evidence in the ancient books of our country to believe, or trace that it ever existed here in India in those early days.

From time to time it broke out in great epidemics in Europe. But in the fourteenth century it appeared in such a virulent epidemic form that it swept away no less than 25,000,000 of people, that is one-fourth of the whole population of Europe. Dr. John Martin Honigberger in his "Thirty-five Years in the East," Vol. I., gives an account of plague in Constantinople and in the North-western part of India in 1836-9. We get another record of plague in India many years before this. The first appearance of plague in India in the present age is dated from 1896. It first broke out in an epidemic form in Bombay and then spread throughout India. Bombay, Rajputana, Punjab and United provinces suffered most from this disease. Bombay and United Provinces have become its den, as almost every year the disease breaks out in these two provinces.

The first outbreak of plague in Agra took place in 1905. Agra felt the second shock of the disease in 1911. The present and third attack dates from January last.

In 1894 the Japanese bacteriologist Kitasato, at Hongkong, discovered the specific *Bacillus Pestis* as the cause of Plague. Almost at the same time the bacteriological discovery of Kitasato was confirmed by the result of a quite independent investigation of the French bacteriologist Yersin. Afterwards many scholars took up the subject and won distinction through their researches ; but neither any indisputable theory has yet been established, nor any satisfactory result has been obtained as to the prophylactic and curative method of treatment of the disease. The bacteriological discovery and the various theories have not much practical value, and have very little to do with the Homeopathic principle of treatment of the disease.

I shall not raise any of the controversial points of plague bacilli, rat-fleas, rat and anti-rat theories, cultured virus and such like things of argumentative importance, nor it will be possible for me to deal with them within the narrow limits of the present article. I shall simply give an account of the nature of the disease as I observed in Agra and the mode of treatment I successfully adopted in the last and the present epidemics.

I first mention the peculiarity I noticed in the plague in spreading its infection in the town in the last epidemic; and the very nature was also very prominent even in the third occasion. But I must confess I cannot ascribe to it any good reason as to its cause ; yet it should be recorded as it is nothing but what had actually taken place here.

The plague epidemic first breaks out here in Agra in the locality which has a, very low level in comparison with the general level of the town. It then proceeds on spreading infection to the part which is just higher in level and so on. The safest part of the town, perhaps is that which has the highest level. It may not remain altogether free from the disease ; but it can be said with an amount of certainty that if it be infected, it will be infected at the last, and perhaps it will disappear in a comparatively shorter time than anywhere else. Filthy and dirty habits of the people only aggravate the fury of the disease. •

This year the quarters known as Lohakimandi and Belanganj were the first scene of the infernal pest. The latter place stands on the west bank of the river, Jumna. From Belanganj the infection spread to Kacherighat, Gudri Mansurkhan, Nayabasti, Dhuliaganj and then to Maithan, that is gradually reaching the next higher level of the locality. One peculiarity of interest must be noted here that Kacherighat and Bazar Mal are on the same street, but the latter is on a higher level than the former. The quarter known as Nayabasti is attached just to the north of Bazar Mal, but has a very low level. Though the plague progressed through Kacherighat, Gudri, Nayabasti, Dhuliaganj and reached Maithan, that is, the infection spread from the east end to the very heart of the town, Bazar Mal remained unmolested like an island in a sea, and remained free from the disease when the plague was really playing havoc in

Belanganj and Kacherighat, and the places were entirely forsaken by the panic-stricken people of the localities. Gurkimandi and the most part of Sheetalagali are situated on the highest level of the town. The former locality is entirely safe yet, and the greater part of the latter which stands comparatively on a higher level, is still free from the disease, while almost all the part of the city is badly infected.

I should not omit to mention another peculiarity of the present outbreak of the disease which is really worthy of notice. A type of endemic fear with a special characteristic of its own, just preceded the epidemic and disseminated the town and suburb and lasted more than a month. The paroxysm of fever begins with more or less chill, the tongue first appeared white, then gradually assumed a brownish coating, the skin dry, more or less bilious symptoms; fever continued without remission for a time, but generally on the 4th or 5th day, all of a sudden a critical sweat set in, which brought on a state of algidity, without any sign of reaction and the state continued from one to three days. The algid state was accompanied by a profound adynamic condition and generally ended fatally. In this state pulse first seemed feeble, then imperceptible, afterwards it became entirely wanting. Complete aphonia set in at the outset of this state. It bore much similarity with the pernicious algid form of fever as described by Pierre Jousset. I had a talk on this subject with one of the most distinguished allopathic physicians and

scholars with a vast local experience in his line, who also confirmed my opinion that this type of fever had not been found here before. However, many of the cases, under efficient medical aid, revived even from this stage of utter prostration. I have a mind to write from my clinical experience in this type of fever in my next opportunity.

Soon after the appearance of the type of fever already mentioned, depredations of the plague began, which very soon assumed a furious epidemic form. In this epidemic, both the bubonic and pneumonic types have been predominant. More or less hæmorrhagic symptoms are often found in almost all sorts of cases of plague,

I think I may be allowed to mention another disease which has been prevalent here for the last six or seven months. This is relapsing fever with severe epistaxis and other hæmorrhagic tendencies. First onset of fever with profuse discharge of blood confounded many physicians to hit upon the right course of diagnosis and treatment.

(To be continued).

HEMANTAKUMAR MAITRA,
Homeopathic Practitioner, Agra.

আয়ুর্বেদোক্ত

জ্বরশানি

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চিকিৎসা-তত্ত্ব (নবম সংস্করণ)	২১০
রক্তমাশম-চিকিৎসা (ডাঃ বেল সাহেবের কৃত ইংরাজী বহির বঙ্গানুবাদ)	১৭
ওলাউঠা-চিকিৎসা	১৭
প্রথম গৃহ-চিকিৎসা	১১০
স্ত্রী-চিকিৎসা	১১০
অস্থি চিকিৎসা (পঞ্চম সংস্করণ)	১৭
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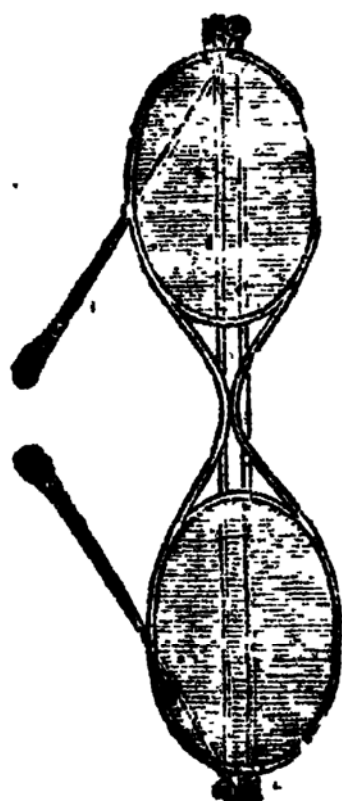
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VOL. XXVII.]

JUNE, 1918.

[No 6.

SYPHILIS.

Syphilis is a contagious disease. It is caused by contact or by inheritance. It is a constitutional disease. There are three stages—primary, secondary and tertiary.

Causation. It is caused by sexual contact with a person having the disease. If the discharge from a syphilitic person comes in contact with an abraded surface of another person, the disease is produced. Thus primary sores are produced on the genital organ. So other parts of the body may be affected by kissing, drinking and eating in vessels used by the syphilitics. Physicians and surgeons are not uncommonly affected by the disease by examining or operating on diseased parts.

In recent years it is discovered that a special

organism is the cause of the disease. This organism is called *spirochete pallida*. It is found in the primary sores and also in the blood, in tissues.

Symptoms. Incubation period is from ten to fifty days or more. After that papule or pimple appears in one spot. It breaks down and watery discharge appears and gradually small or large sores are produced. When the sides of the sore become hard, it is called hard or Hunterian chancre. After a few days the neighbouring lymphatic glands are affected causing bubo. Burning or pains of all kinds are experienced in these sores. It often bleeds. In unhealthy and scrofulous persons these sores assume a gangrenous type and so-called phagedenic chancres form. Two or three and sometimes six months after the whole system is affected. The disease now becomes constitutional. It is also called secondary syphilis. Here the skin and mucous membranes are principally affected. The chief signs are the eruptions on the skin of all kinds—roseola, pustules, papules &c. Mouth, throat and tonsils are also involved. The mucous patches appear on the genitals and are known as condylomata. The discharge from this is very contagious.

There is fever which is often mistaken for rheumatic fever. Iritis is also developed in this stage. Periostitis and sometimes inflammation of the bony tissues are seen.

After this, for a long period the disease remains in a quiescent state, then the tertiary stage is developed. It is also called the stage of gummae. The skin lesion

at this stage is ulceration of a chronic form in various parts of the body. The most important pathological change in the tertiary stage is the appearance of gummata in the mucous and sub-cutaneous tissues and also in the internal organs. These gummata are a kind of growth. Nodes may appear in this stage.

Other symptoms appear again in organs and tissues of the body. In skin ulcers the appearance becomes serpiginous ; ulcerations also in throat and pharynx and in the nose.

Tongue ulcerates and becomes hard. Ulcers and strictures in rectum and anus. Larynx is also affected with ulcers and loss of voice is the result.

Testicle and lymphatic glands are enlarged.

Appearance of gummata in the brain causes locomotor ataxia and insanity. Liver and kidneys are affected in various ways.

Wassermann test is very valuable in the diagnosis of constitutional syphilis.

Congenital Syphilis. Syphilis is sometimes inherited from father or grandfather or from mother. This is very unfortunate as it continues for generations. A child may be born with it or the signs of the disease are developed later in life. If a woman gets the disease, she is liable to miscarry. The first sign in a child with hereditary syphilis is that it may develop snuffles and then it gradually wastes away. All the symptoms of different stages of the disease may appear. Face becomes wrinkled and withered like that of an old man. Skin eruptions, condylomata, ulcerations in

various parts of the body, bone diseases, ostitis, periostites, caries and necrosis are found.

Hutchinsons teeth is a sure sign of hereditary syphilis in a child. This consists of a deformity of the upper incisors of the second dentition. They are peg-shaped with a curve notch on the cutting edge.

Internal organs are similarly affected. Enlargement of the liver and spleen is common. The growth of the child is retarded. Nose and eyes are affected with a chronic form of inflammation.

Treatment of Syphilis. If the strength of the patient is sufficient, the cure is effected soon, otherwise a long time is required. This must be improved before commencing the treatment of the patient. If mercury is given in large doses, the cure may be further delayed. If homeopathic medicine is given in the commencement of the disease the cure will be rapid and permanent. This is not a dogmatic assertion, but such an experienced authority as Dr. Baehr says that if it is soft chancre it is cured in ten weeks and secondary symptoms are seldom developed. The hard or Hunterian chancre is thoroughly cured in ten to fifteen weeks' time. Buboës are very uncommon under homeopathic treatment.

Mercurius is undoubtedly the medicine for syphilis. Uncomplicated cases of syphilitic sores are readily cured by *Mercurius* alone. Different forms of mercury are used, but my favourite form is *Mercurius viv.* high in potency and single dose. The patients become impatient to wait, but will be glad after a few days, when they find

that they are on the road to recovery. Many experienced physicians recommend lower potencies, from the 3rd trituration to 12th tincture and repeated doses. It has been very often observed that aggravation takes place after this procedure. But Dr. Baehr says that this aggravation is followed by rapid cure. Mercurius covers all the symptoms of the case, the ulcers become healthy, swelling and phimosis become reduced and the patient is cured. Cinnabaris and Mercurius iodatus are also very important forms of mercury used by our physicians. Dr. Helmuth recommends Cinnabaris and Iodatus in 3rd trituration for cases of indurated chancre. Cinnabaris is a great antisycotic remedy and may be resorted to if syphilis is complicated with gonorrhœa.

Mercurius iod rubrum is also very useful and is recommended by many. But our experience is always best with either Solubilis or Vivus which are always recommended by Hahnemann.

For phagedenic sores mercury is injurious. There either Nitric acid or its close relation Muriatic acid is the best.

Arsenic is another very efficacious remedy for phagedenic sores. Burning in ulcers and great suffering with fever are its symptoms.

Many physicians of our school recommend external use of mercury solution in primary sores but I find it generally injurious. Other ointments and oils are also recommended. When my patients urged upon me to give some external medicine, I generally give them Placebo ointment or oil, after thoroughly cleansing the

parts with warm water. Following the advice of allopathic doctors some among our rank give salvarsan or neo-salvarsan in syphilis. I strongly object to this practice as every body knows that it is not homeopathic to the case. Besides, it is almost always attended with danger. I know several cases, one of them a youngman who became almost insane after using salvarsan. Other injurious effects are often noticed.

✓ Bubo does not require separate treatment. Merc. sol and Hepar sulph. are the very effective remedies. When bubo assumes an indolent form and could not be cured by Mercurius &c. and becomes very hard, I derive benefit from Carbo anim. In this indolent form which is the effect of bad health, I find Merc iod. and Badiaga very useful. This form requires time. So medicine should not be changed frequently. For condylomata Thuja and Nitric acid are the best. Mercurius is also good here.

When large doses of mercury have been previously taken, the case becomes a very difficult one. It then assumes the name of mercurio-syphilitic affection and great care and patience are required to combat it. Here Hepar sulph, Kali iod, Mercurius iod in high potency, Sulphur, Aurum met, Kali bich. and Sarsaparilla are some of the best remedies, to be given according to indications.

For tertiary form of the disease a large number of medicines are brought into requisition, for in these cases a variety of symptoms present themselves. These are briefly narrated here.

Argent. nit.—Emaciation, itching of body at night, headache and vertigo in the morning, small pimples on the glans.

Arsenic—Extreme debility, marasmus, eyes inflamed, glands, penis and vagina swollen and painful; coppery eruptions on palms and soles.

Aurum met.—For secondary and tertiary eruptions, mental depression and wishes to die, life miserable; bone pains and swollen bones; caries of nasal bones with fetid discharge; perforation and ulceration of soft palate; aggravation in the morning from cold; amelioration by walking about.

Cinnabaris—Scalp and hair painful, ophthalmia and watering eyes; face swollen; small ulcers on mouth and tongue; penis swollen and discharge from it. Sycosis, aggravation in the afternoon.

Hepar sulph.—Dr. Gilchrist says, Hepar is good for those who suffer long and take a large quantity of mercury. Various painless ulcers on genitals, ulcers also in mouth and throat, stitching pain like fishbone; phimosis, aggravation in the morning and at night; better in warmth and perspiring.

Kali bichrom.—Bones of the head painful; oozing of pus from the nose; lachrymal bones are painful, pains in whole body.

Lachesis—Very useful in gangrenous or phagedenic chancre, paraphimosis; penis is about to be destroyed, eyes jaundiced, tonsils ulcerated; aggravation in the evening and after sleep.

Mercurius iodatus.—Paraphimosis and penis is

about to be destroyed ; depression of mind ; ulcers in mouth.

Mercurius Cor.—Labby and other doctors thought it to be the best remedy for syphilis. Intense inflammation of genitals, great pain and swelling, bubo. Lippe says, it is useful in destruction of bones of nose and palate ; periostitis and tonsils ulcerated.

Nitric Acid.—Debility and emaciation ; epilepsy ; various skin diseases and burning ulcers ; fetid discharge from nose ; glands inflamed and enlarged ; pain and burning urine ; ulcers in vagina, condyloma on the glans. We use it more successfully in cases where mercury has been used in large quantities.

Phosphoric acid.—Raised ulcers on the glands and prepuce, condyloma, profuse urine, extreme debility.

Sarsaparilla.—Useful in syphilis and abuse of mercury, squamous eruptions on the body, bone pain, urine scanty and painful.

Phytolacca—It is called the vegetable mercury ; sore throat, bones of head inflamed, pain aggravated at night, ulcer of dirty colour in genitals.

Staphysagria.—Eruptions with pus in various parts of the body ; bone-pains and tophi ; condylomata ; ulcer in nose and mouth ; debility.

Sulphur.—It is useful as an intercurrent remedy to expedite complete cure. Various kinds of skin eruptions, face pale, digestive power lost.

Thuja.—Skin on head is painful to touch ; fetid pus from ear and nose ; ulcers in mouth ; prepuce

swollen and painful ; condyloma and sycosis, burning and painful urination.

We have said before that external medication is always harmful. Ulcers must not be soon cured by drastic caustics and application of strong nitric acid. Ulcers may be kept clean by washing in cold or warm water only. In skin diseases soft soap or oils are necessary ; bathing is beneficial. There is diversity of opinion among physicians about the diet of syphilitic patients. Some recommend nourishing and stimulating food ; others advice privation and spare diet. Both are wrong. In acute cases with fever and much local inflammation low diet should be enjoined. In chronic cases and when the patients become exhausted and debilitated more nourishing food is required.

Fish and meat we generally stop and, we believe, that expedites the cure. All kinds of vegetables, and fruits are allowed. Milk, butter, *ghee* are also allowable. Rice and bread can be taken. Not much sweets and sour things. Clothes and beddings must be clean, Much bodily labour is harmful, but gentle exercise in open air is necessary.

P. C. M.

ACONITE.

Aconitum napellus—*Monkshood* : Tincture of whole plant (including root), when beginning to flower.

Aconite had an old-time reputation for causing sweating and relieving certain cases of rheumatism and sciatica, but

precision in its use is due to the provings of it on the healthy which were made by Hahnemann. It is most closely associated with the early progress of Homeopathy (and early antagonisms thereto), because largely by its use, Hahnemann and his followers were able to dispense with the blood-letting fashionable till after the middle of last century for almost every disorder. Modern research has isolated an alkaloid *Aconitine* from *Aconitum Napellus*, and allied species yield similar substances : *Delphinine*, the alkaloid of *Staphisagria* is similar in effect to *Aconitine* but less poisonous. *Aconitine* is a very deadly poison : many of the symptoms of the *Aconite* pathogenesis are due to this alkaloid, but there is little doubt that other constituents of tincture of *Aconite* count for a good deal. Specially to be noted is the presence of Phosphate of Iron (*Ferrum Phosphoricum* q. v.) : the provings are of the tincture and when they are suitably matched with cases it is the tincture or a potency of it that should be preferred as the remedy.

Aconite first stimulates and later depresses sensory nerve endings, more especially those of common sensation. As a result reflex sneezing, coughing, salivary secretion and vomiting occur : but some stimulation of medullary centres also is not unlikely. It seems to act upon the circulation by first (in relatively small doses) stimulating the medullary inhibitory heart centre and so producing a slow pulse : possibly also it acts on the vaso-constrictor centre : at any rate, as will be seen, the provings bring out a marked condition of relatively high tension. *Aconitine* experiments have been mostly made on animals, and with increasing doses, so that the finer effects of the more gradual provings cannot be expected. Large doses of *Aconitine* appear to act directly on the heart, producing a quick, irregular pulse, with lessened conduction of impulses and finally fibrillation of the ventricle and death. In these cir-

circumstances the blood pressure tends to fall, with occasional temporary rises to a fair though not great height. The respiratory centre is affected early and directly and its depression causes dyspnœa and sometimes death before the heart fails.

Since the publication of Dr. Ringer's *Materia Medica* (a volume of perennial interest to the homeopathist as a "conveyer" of certain instances of homeopathic practice) *Aconite* has been praised by orthodox physicians for febrile conditions, but its use seems if anything to be less frequent among them to-day. The explanation of its disuse has a certain significance. From Hahnemann onwards the homeopathist has known that *Aconite* is of great value in febrile disorders whenever the rise in temperature is associated with definite symptoms, whenever in fact the case as a whole is "similar" to the *Aconite* provings. Its value is as great to-day as ever : but if other *Aconite* symptoms are not present, the mere presence of fever is no sufficient indication for the remedy and its use will be followed by disappointment. It cannot be too often reiterated that Homeopathy seeks remedies for individuals not for the names of diseases, and to use *Aconite* as a "febrifuge" irrespective of any other symptoms is neither Homeopathy nor good practice. Dr. Ringer gave quite precise indications for its employment, but the hap-hazard routine use of the drug has led to its discrediting by many, and high authorities to-day have no recommendation for it : yet for the homeopathist it reigns as supreme as ever, an invaluable remedy for suitable cases of disease. Its true spheres of action must now be made clear.

Aconite is a remedy of powerful but short-lived action and correspondingly is most suitable to diseases that set in suddenly and violently, but run a brief course. The violent storm which quickly passes is the type of disease to which it corresponds most closely. It will be found of value in a few

more chronic cases (neuralgia, etc.), when detailed symptoms of drug and disorder can be matched, but most often it is called for in acute and sub-acute diseases, and among them those of sudden onset and immediate violence.

An acute disease is one wherein the body resistance is swiftly mobilised, wherein the issue is not long in doubt, and victory for one side or the other a matter of days. Such a disorder is, as we say, a self-limited disease and the possibilities of natural recovery considerable. Nothing is more difficult in therapeutics than to estimate the real effect of drugs in such a case, but the very power of resistance that causes the difficulty of judgment is an enormous enhancement of the physician's ability to help. Since recovery in any case can only take place through a pre-arranged bodily machinery and since the effect of any remedy can only be exerted along this pre-existing channel, it is clear that the more powerful the machinery the better it may be influenced by a drug stimulus. The body always possesses reserves of resistance to disease, and, broadly speaking, drug therapeutics are attempts to use these reserves : in acute diseases they are usually being mobilised fairly effectively without the help of remedies, but clearly there is room for efficient action if it is rightly directed. In some cases it is conceivable that the extra stimulus of a well-chosen remedy may make the difference between victory or defeat : in many more cases it affects the speed and ease of recovery, and judgment as to the value of a drug in many acute diseases will depend more on the character of the process of recovery than on the bare result of life or death. If there is no adequate machinery of resistance to respond, no drug will avail, since no drug brings in any new force but only influences pre-existing forces. But a drug stimulus may bring the forces to bear more swiftly, and may even sometimes bring into

action reserves, which without its aid would be unused, or used too late. For with such knowledge as we possess of bacterial diseases it is readily conceivable that if the (necessarily limited) power of resistance could be used at once in great volume, it might overwhelm the enemy, but used in dribblets against an increasing foe may prove ineffective. Yet the total power used might well be less in the first instance than in the last. Vaccine therapy works with some such conceptions behind it and drug therapy (at least in homeopathic hands), is influenced by similar considerations.

Aconite then is pre-eminently a remedy for acute conditions. Fever will nearly always be present, of a kind to be presently described. Now modern research has brought us to consider fever largely as a reaction to disease by no means always (or even usually) unfavourable. The practice (still too common) of attempting to reduce a fever without regard to any other symptoms is seen to be faulty when it is known that anti-body production is frequently more effective with a raised temperature. Fever is of many types, and wisdom seeks to adjust the appropriate remedy to each type.

The mechanism that regulates body temperature is complicated, and a high thermometric reading may be due (no doubt is due) now to one cause now to another. But when it is a response to a call for increased anti-body production it is likely that the result is obtained through the action of the cerebral heat-regulating centres and there are grounds for thinking that *Aconite* influences these centres. Homeopathic experience finds the drug to correspond to acute affections in apparently strong, healthy, often full-blooded subjects, where the attack of disease meets with a violent response. The young need it more often than the old, and respond to it swiftly. After its successful administration the temperature often falls at once and the storm subsides. Two explanations

are possible : if the rise of temperature was to enhance antibody production, its rapid fall after *Aconite* (with return of the patient to health) might mean that the *Aconite* had so encouraged this process that the raised temperature was no longer needed. But since the drug appears to act mainly on the cerebral centres this is unlikely : it is more probable that the initial rise was, strictly speaking, unnecessary, that the body was equal to the emergency without it, and that the disturbance was of the nature of a false alarm. The effect of *Aconite* may then be to quiet this needless disturbance, thereby leaving the field clear to the forces of recovery. The nearest analogy would be that of a beleaguered city with a frightened civil population whose disturbance hampers the garrison. *Aconite* would correspond to the forces of persuasion and confidence, that should quiet the civilian anxieties, and leave the soldiers to do their own work more effectively.

Whatever the final explanation, the homeopathist is seldom in doubt as to the true indications for *Aconite*. They were accurately summed up by the late Dr. Hughes in the one word "tension." There is tension of the arteries with the pulse full, strong, rapid, sometimes finding relief in arterial hæmorrhage from the nose or hæmoptysis. (When *Ferrum phosphoricum* is indicated there is even greater tendency to hæmorrhage and the pulse, though full and rapid is not of so high pressure). There is emotional and mental tension showing in great anxiety, restlessness, fear of death. The last is specially characteristic. It is often a quite unwarranted fear, out of all proportion to the gravity of the case to the physician, but the best subjects for *Aconite* are frequently those who are seldom ill, and it is notorious that these patients are nearly always inclined to be unduly alarmed about their condition and chances of recovery. The anxiety causes much tossing about and restlessness, with considerable mental

exaltation or violent delirium, though the latter is more characteristic of another great remedy for acute conditions, *Belladonna*. The patient may predict the hour of approaching death but the prediction is only a symptom of the fear and anxiety, not a piece of clairvoyance. There is much heightened sensibility : pains appear to be severe (numbness may replace pain), and the special senses respond to stimuli more violently than is normal. These cardinal symptoms therefore, restlessness, anxiety, fear and exalted sensitiveness, with rigor and a sharp rise of temperature, and a full, hard pulse are the main features of the *Aconite* case. They are especially apt to be found in patients of a quick, lively, sanguine temperament, who enjoy as a rule good health, and they are apt to appear in disorders that follow injury, shock, fright or surgical operation or chill, especially the chill of cold, dry, bitter winds. The mechanism disturbed by these external causes appears to be largely that of the adrenal secretion, and the heightened pulse tension of the *Aconite* case is another hint that *Adrenalin* may be playing a part in the pathogenesis. Since the days of Pasteur it has been known that chill is an accesory, not the immediate cause, of such illness as pneumonia or acute rheumatism, but the observer will frequently find a marked difference in symptoms that follow exposure to cold east winds or the wet Southwest weather. The body reactions clearly differ in the two cases, and consequently often require different remedies. It is the symptom complex that follows the chill of the bitter East wind that so often requires *Aconite*.

Aconite symptoms are common in children, among whom febrile attacks are frequent, which readily yield to the drug and do not proceed to any definable disease. But the early stages of measles, or scarlet fever, may present symptoms resembling those of *Aconite*: the administration of it then will not

prevent the development of the disorder but will generally rob it of much anxiety. If measles or scarlet fever call for *Aconite* at first and receive it, the case usually proves a mild and straightforward one, though often requiring other remedies as new symptom pictures appear. On the other hand influenza, diphtheria, enteric, seldom call for *Aconite*. A violent reaction is usually absent with these profounder system poisons, and their characteristic remedies are to be sought elsewhere. Spasmodic laryngitis in children will often require it : sudden spasm figures prominently in the *Aconite* pathogenesis. Acute pneumonia or pleuritis or rheumatism may set in with general symptoms that indicate *Aconite*. It is rare for *Aconite* to suffice for the whole course of such an illness, though occasionally a lobar pneumonia will seem to respond marvellously. *Veratrum viride* is a drug characterised by great arterial excitement, muscular twitching and spasm, and this remedy is reported experimentally to increase the opsonic index to the pneumococcus. Its use at the beginning of pneumonia undoubtedly sometimes aborts the attack. Occasionally a similar effect seems to follow the use of *Aconite* (See *Ver. vir.*). In case if *Aconite* be well indicated in commencing pneumonia, pleurisy, or acute rheumatism, its use will greatly relieve the symptoms (replacing blood-letting) and the drug that next becomes indicated as the symptom picture changes acts all the more effectively. After exposure to chill a dose or two of *Aconite* is a sound prophylactic measure, and it quickly masters symptoms (physical or emotional) following fright or injury.

Good subjects for *Aconite* are frequently full-blooded, even plethoric, and in later life when arterial tension rises and apoplexy becomes a possibility, the drug is often called for to meet emergencies. Its effect is too transient to deal with the actual arterial changes for which remedies like *Barium*

are better adapted, but it is invaluable for times of special stress. After cerebral hæmorrhage, if tension remains high, it will deal with it at least as well as blood-letting.

Page 149.

(To be continued.)

—The Homeopathic World.

THIRD PLAGUE EPIDEMIC IN AGRA.

(Continued from page 119, No. 5, Vol. XXVII).

The prodromal stage of plague has practically been undistinguishable here. The symptoms that are given under this heading are found more or less in almost every individual who lives in the infected area during the epidemic, but he is seldom afflicted by the disease itself. On the other hand I have seen patients who never felt any of the above mentioned symptoms, or only slight headache an hour or two before, and the febrile state all of a sudden set in. The fact is that the incubation stage is of so short duration here that it has no time to form any prominent symptom and the disease is so rapidly developed that the state of fever is soon ushered in. And I think such symptoms as "loss of appetite, lassitude, depression, giddiness, palpitation, dull pains about the groins, the axilla &c." from which the individuals often suffer, are only the effect of time and climate that favour the epidemic, and also perhaps, to some extent, due to the panic arising from the virulence of the disease. Or it may be due to the introduction of bacilli into constitutions

which have no predisposition to the disease, or are able to resist the infection to a certain extent. Whatever be the case, whether 'the actual disease attacks or not those who are subjected to the above symptoms, the sterling value of appropriate homeopathic remedies in this condition must not be ignored.

Ignatia, Belladonna, Rhustox, Arsenic Alb, Bubonine are the remedies which are generally used for prophylactic purposes ; amulets of Ignatia Bean and Arsenic, singly or both, are also worn on arms. But I cannot say, with any certainty, as to their prophylactic virtues ; they require a more extensive experiment. But I personally believe that Ignatia and Rhustox have some prophylactic effect. The lower potencies of Ignatia (i. e. 1x, 2x, 3x) often bring on coryza or running of the nose, and after its use for a few days it may cause pains in glands. I recommend its middle potencies, or amulets to be worn on the arm. Arsenic amulet may also be used on the other arm as Dr. Sircar suggests.

A gentleman used Bubonine (30) in drop doses, once a day, as a prophylactic remedy. But after four or five days he was subjected to some peculiar troublesome symptoms. He became restless, sleepless, much depressed, and had fits of palpitation and much fear, great uneasiness, much uncomfortable sensation throughout his body, in the principal joints and glands. The heart trouble and the fear which he was unable to express were more distressing ; and so much that in 24 hours his appearance so altered that it verily showed

signs of his internal miserable state and he expressed that if his condition is not improved, he would soon die, though otherwise he was a very cool-headed, fearless, sound and good-natured man. I prescribed for him Acon, to be taken every two hours. In the evening he was far better, next day he was all right. I advised him to stop Bubonine at least for a fortnight, and never to take in drop doses and so repeatedly. However, he did not use the medicine afterwards, and he was well. In my opinion Bubonine should not be used more than once or twice a week.

The stage of fever is counted from the time when fever with all its characteristics appears. This stage is often termed as second stage counting from the prodromal stage as the first. Fever begins with chilliness, shivering, headache and dry skin. Soon after the temperature rises high, tongue becomes white, lips and tongue parched, head dizzy, and then delirium sets in. This is the outline of the general symptoms, but the individuals often suffer more or less from one or more of these above mentioned symptoms. Bilious symptoms are generally found in plague cases. Temperature in young people of strong and robust constitution becomes generally very high ; while in cases of old people of weak constitution it is often low or moderate.

An old lady of about 70 years of age was attacked with plague. The principal symptoms in her case was extreme depression and a bubo in the left inguinal region ; the characteristic of the case was, that there

was absolutely no rising in temperature. I know not a second case in which fever was entirely wanting. It was very difficult to make a correct diagnosis of a case of this type in any other time but the time of the epidemic, when the characteristic tongue, appearance, presence of bubo together with the general symptoms of the disease soon decided the matter. However the old lady succumbed to the disease in the morning of the fourth day. On the other hand I saw one young patient of a very robust health, who had fever as high as 107, and her very appearance was as red and fiery as burning charcoal. I shall write in detail of this case in my next opportunity. The peculiar odour in plague cases begins to set in at this stage ; in some cases it is very marked, and in others it is not so perceptible. The odour is due, I think, to the septic condition of the patient ; therefore it varies with the more or less vitiated state of the blood.

In cases of severe type which is rightly termed as fulminant , or fondroyant form, the process of decomposition is so rapid that in 24 hours the patient may pass beyond all human aid. Sometimes in far shorter time the patient may succumb to it, but I have no personal experience in cases like this. Death in 20 to 30 hours is not an unusual occurrence.

I remember a case of a boy of fifteen, in the epidemic of 1911. About 10 A. M. the boy came to me for advice with a gentleman. He had much fear and anxiety which he could not define. He caught the panic just a few minutes before when he saw a neighbour dying of

plague. I also marked that the boy was slightly leaning on one side when walking, though he himself had no knowledge of it ; his very appearance foreboded that something grave and serious was going to befall him. I told the man who accompanied the boy when the boy had gone that a violent attack of plague was feared. The gentleman, however, did not believe me ; but two hours after they sent for me. I found the boy in violent fever and delirium and a bubo had made its appearance in one of the inguinal regions. His whole body had become fiery red, and the boy was struck down with utter prostration. During the course of the day I saw him three or four times, and every time I noticed a marked change in his appearance. The boy being a very fair coloured one, changes in his colour were also very prominent ; the fiery colour soon changed into somewhat earthy complexion, and in the evening it assumed a bluish tint. Fever continued unabated, and the prostration became more and more profound. Black sordes settled on his teeth and lips, tongue took a blackish coating. The odour was marked from the onset of the fever but by the evening it became very intense. All the symptoms indicated the fast ebbing out of the vital power. The next morning I found him entirely discoloured, his appearance was shockingly cadaverous, breathing sterterous and oppressive, eyes half-closed, extremities very cold and the deathrattle had already settled in the throat,—the inevitable end was fast approaching. The boy was just on the threshold of his existence, a few minutes

more and he would be no more in this world. In this case I used Bell. and the serpent venoms, but there is no need of giving any detail of them as no medicine was found of any use in arresting the progress of the disease. I did not use pyrogen in this case. But afterwards in cases like this I made use of pyrogen with much success.

In severe cases fever is always very high, prostration profound, violent delirium or coma exists; pulse becomes quick and thready, and then intermittent, and gradually imperceptible; appearance rapidly changes its colour, and looks most rapid and short, skin parched, tongue dry, restlessness very great, sordes on the teeth and lips, eyes half-shut, urine scanty or suppressed. In some cases buboes do not appear, in other cases they appear from the first to the fifth day of the fever. There are also cases, in which gastro-intestinal symptoms predominate; this type resembles cholera very much.

In mild cases all the symptoms of fondroyant type become less violent. In these cases fever is not so high, prostration not so great, appearance not so ill-boding, restlessness not so marked; pulse is regular, skin and tongue are moist. In milder cases buboes or glandular swellings often appear first and fever comes next, sometimes on the third or fourth day. In other cases fever continues for three or four days or more; buboes do not appear. Intestinal or bilious symptoms are not so distressing; the latter type can be termed as abortive.

Sometimes diarrhœa begins at this stage but not uncommonly at the third stage of which we are speaking below. Vomiting and stool may be of bilious nature, or simply watery. The patient may throw out ingesta ; or his stomach may be so irritated that it may not retain any food, liquid or solid.

The third stage is the stage in which all the symptoms develop to their fullest extent. In cases of buboes they develop to their fullest ; in cases of brain symptoms they give indications of forthcoming crisis ; in cases of diarrhœa they show signs of the worst nature and so on.

The critical diarrhœa to which I have already alluded sometimes gives a very sure indication about the prognosis of the case. It often sets in the second stage ; but sometimes constipation persists in the first and second stages and the diarrhœa begins in the third stage. If the diarrhœa is of bilious nature, not of severe type, and does not bring on much exhaustion, it is taken as a good symptom. But if the stools are offensive, of black or dark colour, frequent and copious, and motions bring on much exhaustion that is not proportionate to the diarrhœa, it is generally regarded as an alarming sign, as it aids to hasten the sad end.

In the present epidemic in this town a boy, three years old, was first attacked with dysentery ; next day he got high fever. On the third day two buboes made their appearance, one in the left axilla and the other in the groin. On the fourth day the fever abated a little ; on the

fifth day the fever abated much, and the boy became a little cheerful. On the sixth day there was almost remission and the boy became jolly. All this time a kind of mucous diarrhoea continued. However, now the diarrhaic symptoms soon began to disappear and the boy recovered. The inguinal bubo which was smaller of the two disappeared within 3 or 4 days, but the bubo in the arm-pit, becoming smaller and smaller every day persisted for a few days longer. In this case Merc. cor. was given first, then Acon; Lach. was resorted to when the buboes appeared, and continued afterwards with occasional doses of other remedies.

The third stage is the most dangerous of all the stages. If all the symptoms of the second stage continue with unabated fury, the case must be considered as a very obstinate one. If they are aggravated, the patient may die, all of a sudden, of heart failure or it is not very rare that a crisis takes place in this state and brings on an algid condition which may end fatally; or it may be followed by the symptoms of reaction and improvement.

(To be continued.)

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১২৯।১, বহুবাজার ষ্ট্রীট, কলিকাতা ।

বার্ষিক মূল্য—সডাক ২৫০ মাত্র অগ্রিম দেয় ।

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৮১নং ক্লাইভ ষ্ট্রীট,—কলিকাতা ।

টিউব শিশিতে ড্রাম /১০ ও /১৫ পয়সা ।

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স্ত্রী-চিকিৎসা	১১০
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মূল্য ২।।০ টাকা, ডাকমাশুল স্বতন্ত্র ।

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—HAHNEMANN.

VOL. XXVII.]

JULY, 1918.

[No. 7.

ACUTE TUBERCULOSIS.

Tuberculosis is a diseased condition that may be present in various organs of the body, such as lungs, brain, abdomen &c. It appears either in an insidious, acute, febrile or in an adynamic form. In this disease caseous nodules or tubercles are found in the organs.

Causes—Tuberculosis is a constitutional disease, so it is hereditary. It is caused by a tubercular deposit in the organ. This deposit consists of a caseous degenerated product of some kind of inflammation. The peculiar germ called *Bacillus Tuberculosis* is found in the tubercular parts of the body. This disease is most commonly found between the ages of 20 and 30.

Neglect of hygienic rules seems to be the most prominent cause of tuberculosis. Badly ventilated house, insufficient and bad food, dyspepsia, excessive sexual indulgence &c. are the causes of this disease.

Treatment—Preventive treatment is very efficacious in this disease. If we take care of our food, exercise and proper living, we are often able to ward off the disease. Living in damp room, undue mental and bodily labour, catarrh of the nose and chest should be carefully avoided. Food must be light and nourishing ; excess of sweets and sour things must not be taken as daily food. If with these precautions the disease appears, it must be treated with properly selected homeopathic medicines.

Aconite—It is useful in the beginning if there is fever. Great heat of the body, temperature ranges between 100 and 103 or higher ; no perspiration, pulse hard, and fear of death.

Belladonna.—It is used if head symptoms are prominent and skin is moist, pulse small and frequent. Troublesome dry cough is a prominent indication of Belladonna.

Bryonia.—It is useful when there is slight fever but much cough, entirely dry ; constipation, pain in chest.

Digitalis is useful when Bryonia does not act. In cases of early hæmorrhage, this medicine is of great value. Palpitation of heart.

Kali acrb is another remedy when there is much cough and pain in chest.

Ferrum met.—Face pale, but flushes at times ; congestion in chest and some hæmorrhage of bright red blood ; extreme weakness and irritable temper.

Calc. carb.—All sorts of Calcarea are very effica-

cious in tuberculosis—Calc. phos, iodate, arsenica. Symptoms for Cal-carb—Face flushed, congestive headache, irritable and peevish temper ; diarrhœa and acidity ; blood-letting. Not very frequently given.

China.—Fever especially of malarious character or hectic nature, hemorrhage from lungs.

Arsenic is frequently indicated in persistent fever of high or slow character, dry cough, causing vomiting and asthmatic breathing ; extreme prostration. Ars. iod is also very useful.

Calc. ars.—It is often indicated in hectic fever, generally in the afternoon ; diarrhœa ; body emaciated ; palpitation of the heart, dyspnœa even in the last stage when hemorrhage and putrid expectoration take place.

When tubercles soften and the case is going on to the last stage, several medicines, such as Iodium, Kali c., Phosph, Hepar, Silicea, Plumbum, Cuprum and Natrum mur are very useful. Very often their effect is simply wonderful.

Iodium—It is useful in high fever, arsenic failing ; emaciation and putrid expectoration. Scrofulous persons, frequent pulse, sputa tinged red and voracious appetite.

Hepar s.—High fever, troublesome cough, cooing sound in chest ; profuse sweat on the slightest exertion ; cough aggravated out-door ; often tendency to take cold. In desperate cases Hepar is one of our greatest help.

Silicea.—It is used in the last stage of the disease ;

putrid sputa often tinged with blood ; fever aggravated twice ; sleepiness and profuse perspiration.

Phosphorus should be very carefully given as it has a tendency to bring on hemorrhage. Not to be given in very high potencies and never to be frequently repeated. Dry cough in the first part of night, hoarseness ; vomiting and colic after taking food ; loose stools ; sexual excitement.

Natrum mur is used in chronic cases and in hæmoptysis of bright red blood. Spasmodic cough, tickling in chest ; headache and congestion in brain, fever and constipation.

Millefolium is said to be a good remedy for tuberculosis. Hemorrhage is its prominent indication ; bright red and frothy blood, cough often very troublesome.

Sulphur is of great help when indicated medicines do not act. Flushes of heat ; burning ; dry cough and cogestion in chest ; morning diarrhœa ; various skin eruptions, boils

Tuberculinum.—Very high potencies from 200 and up are useful in tuberculosis. It must be very carefully employed. High fever ; emaciation ; frequent catarrh ; patients eat well but emaciation continues ; tubercular deposits in the upper part of the chest below the clavicle ; exhausting perspiration. Dr. Burnett recommends Bacillinum in its place, but we think both are of the same value.

P. C. M.

ACONITE.

(Continued from page 137, No. 6, Vol. XXVII).

There is some evidence that after prolonged and gradual poisoning *Aconite* affects finally the spinal motor centres and it has been therefore recommended for acute anterior poliomyelitis. Broadly speaking homeopathic experience does not find it very frequently indicated in this disease, but if the general symptoms called for it its possible pathological tissue-relation would add weight to the decision. Failing the general symptoms, it is doubtful if the pathology alone should be allowed to determine the choice of it.

Dr. Hughes valued *Aconite* for acute (ulcerative) endocarditis on the ground of its (undoubted) direct action on the heart. But here again most homeopathic observers agree that it is seldom symptomatically indicated and its use disappointing. Such endocarditis is a bacterial disease, and the main hope lies in combating the cause through the body's resistance mechanisms. There is no evidence that *Aconite* affects these : any effect it could have would be as a possible direct stimulant to the heart, that is to say, palliative not curative.

Not only the effects of chill, but those of great heat cause disturbances that may be corrected by *Aconite*. Its characteristic tension may be found after sunstroke or headaches from exposure to the hot sun : even sudden summer diarrhoea in children may need it and yield to it. It is the suddenness of attack and symptoms of tension that suggest the remedy.

Sudden disturbances of special senses (especially that of vision) dependent probably on vascular temporary defects (high tension), can be swiftly relieved by *Aconite* and sudden inflammation of the eye structures after exposure to strong light or other stress will be benefited.

It is a great reliever of pain, especially when recent, aggravated by exposure or emotion, and accompanied by the characteristic restless tension. The pains that call for it are very severe, tearing, cutting, accompanied often by numbness or tingling. They may follow the course of nerves, or centre round joints : joint pains are $\angle$ motion and rest generally $\angle$, but at night about midnight there is usually a severe aggravation, and the characteristic restlessness prevents relief. The restless insomnia of the aged, even without pain, is often much helped by *Aconite*.

Generally speaking the patient who needs *Aconite* does not feel chilly or desire heat. Fresh air $\angle$ headache which is $\angle$ warm room. With fever the warmth of the bed is intolerable and the bedclothes will be thrown off. Unquenchable thirst is a prominent symptom : everything but water tastes bitter.

Sulphur is the deep acting remedy, which has the closest relation to *Aconite*, and whenever a case has indicated *Aconite* and done well on it up to a point, *Sulphur* will generally complete the cure. *Sulphur* may also be used if *Aconite* seems to be indicated yet fails to relieve.

Aconite being a remedy of swift action and limited range requires, as a rule, somewhat frequent repetition. It has been praised in all potencies and appears to answer indications in all.

SCHEMA.

General Symptoms ;

$\angle$ night about midnight : $\angle$ warm room or warm covering, $\angle$ uncovering : $\angle$ motion in spite of restlessness.

Restlessness : anxiety : fear : fear of death, of crowds, even of going out into streets. Sad presentiments. Complaints:

that follow exposure to hot sun or cold, piercing wind. Tension emotional and physical, rigor, spasm.

Head :

Burning headache < sun, > cool air. Vertigo on sitting up in bed or rising from seat. Vertigo on stooping.

Special Senses :

Great sensitiveness to light, to noise, to odours. Epistaxis arterial blood.

Alimentary canal :

Burning, tingling, numbness of tongue and throat : dryness of mouth and throat : unquenchable thirst, all things but water taste bitter ; < wine or stimulants : burning abdominal pains : summer diarrhoea.

Urinary System :

Painful urging to urinate : urine scanty, burning.

Sexual System :

Menses suppressed after fright or chill with great excitability and restlessness.

Respiratory System :

Hoarseness : laryngeal spasm ; cough dry, hard and ringing. Hæmoptysis, bright red. Stitching pain in chest < deep breath.

Circulatory System :

Cardiac oppression and anxiety. Palpitation, sense of fullness and constriction. Pulse tense, frequent, full.

Locomotor System :

Tearing pains < motion. Numbness and formication of arms (especially left) and legs. Pains < night but restlessness.

Skin :

Profuse sweating which > symptoms. Sweat on cheek if sleeping on it.

Sleep :

Insomnia with restlessness. Insomnia of the aged.

—*The Homeopathic World.*

LEDUM

By T. G. STONHAM, M D Lond.

Ledum palustre, or wild rosemary, belongs to the natural order Ericaceæ. It is a native of the north of Europe and inhabits damp places. It is found in the north of Ireland but is rare in England. A tincture is made of the whole fresh plant, or of dried small twigs and leaves collected after flowering begins. It is reported to have the property of keeping off lice and has been added to beer to increase its intoxicating power, its effect on the cerebrum being to cause a stupefying giddiness, with tendency to fall backwards or forwards. Lembke, who made an exhaustive proving of *Ledum* which is recorded in C D P., found that the stress of its action fell upon the limbs and especially on the fibrous structures and periosteum in the neighbourhood of the joints; the jaws were also affected. In these parts there were shooting, tearing pains, drawing and pressing. There were also cold feelings and horripilation in various parts and a good deal of laryngeal irritation and cough, and constriction with cutting pain as though the parts in the centre of the chest were tied together with a thread. There was frequent and great desire to urinate. It has caused in other provers a widespread eruption of eczema with itching and tingling of the whole skin, extending into the mouth and air passages and occasioning a violent spasmodic cough with occasionally hæmoptysis of bright red foamy blood.

These symptoms elicited in the provers suggest its employment in gout and rheumatism, and in these complaints it has

been successfully used. Teste, one of our best authorities on ledum, thinks that it acts especially on parts of the body where the cellular tissue is wanting, as the fingers and toes ; and hence affects the small joints rather than the large. He recommends it accordingly for true gout of a sub-acute nature, seated in the hands and feet and causing little swelling. Beside the joint affections ledum produces swelling of the veins of the extremities in the evening—another symptom of gout, as is also the eczema caused by the drug. There are nodes about the joints, and pains in the heels or blisters upon them. The pains are acute, tearing, with great weakness of the limbs and numbness and coldness of the surface ; there is scanty effusion into the joints. A characteristic indication for ledum is that though there is general coldness and the affected parts feel cold, yet he cannot bear the warmth of bed or to have them covered, but gains relief from the pain by external application of cold. The modalities of the rheumatic pains are, therefore, the reverse of those of rhus, the pains being worse for the warmth of bed and worse from motion, while those of rhus are better for the warmth of bed and better from motion. Another characteristic of ledum is that the pains travel upwards, the reverse being the case with kalmia, where the pains shoot downwards. The ledum pains are worse from drinking wine.

The fact of the eczema, and its itching and tingling extending to the mucous membrane of the larynx and trachea with an irritable bronchial cough of spasmodic character, show that ledum is homeopathic to the gouty state where it takes the form of gouty bronchitis. It presents a similar homeopathic relationship to phthisis when occurring in a person the subject of rheumatism ; the rheumatism abates and the chest is affected with cough, purulent expectoration, and hæmoptysis of bright red and

foamy blood. Hæmoptysis with spasmodic cough also suggests its use in whooping-cough and in this complaint it has a good reputation—the character of the hæmoptysis, bright red and foamy would be the indication, especially if there were also a rheumatic constitution, and the rheumatism were of the ledum type.

An example of the use of ledum in a case of gouty pains and eruption with general coldness cured by ledum is given by Schlegel : “A sempstress, aged 40, delicate, takes cold easily ; no vital heat, is apt to become very cold, suffers much from pains in the limbs of various kinds ; occasionally a prickling eruption in the skin which is always followed by amelioration of the pains in the limbs ; constipation ; sleeps badly, night sweats. Was given ledum 30 which caused the passage of much urine and relief to the pains in the limbs. The medicine was continued and in two months she was quite well.”

Beside its action in rheumatism and gout ledum has another sphere of curative action as a remedy for injuries. It ranks here with arnica and often follows arnica after a bruise as it will often remove the ecchymosis and discoloration more perfectly and rapidly. For black and blue spots from blows or bruises Hart says there is no better remedy than ledum, especially for a black eye ; but if there is pain in the eyeball itself symphytum will be necessary. Ledum is especially indicated in punctured wounds, wounds made by piercing with sharp instruments like the points of scissors ; for whitlows resulting from pricks of needles ; as an antidote for the stings of insects: This kind of injury is often accompanied by great general coldness and when this is present the drug is the more strongly indicated. Teste relates this case of punctured wound treated with ledum. “A young lady fell with an embroidery needle in her hand, and the hand was

pierced through by it. The wound was serious. There was no hæmorrhage, but the patient became intensely cold ; within a week ledum cured the patient."

Ledum is specific for blood boils on the forehead ; bluish or violet coloured tuberosities and for a hot swelling in the right hip-joint worse during motion.

Hahnenmann says, "this very powerful medicine is suitable for the most part only for chronic maladies in which there is a predominance of coldness and deficiency of animal heat. The evil effects of this medicine when unhomeopathically selected or given in too large doses, are relieved by frequent smelling of a spirituous solution of camphor, or by repeated ingestion of a drop of such solution ; but cinchona bark given for the debility produced by ledum is very injurious."

—*The British Homeopathic Journal.*

THIRD PLAGUE EPIDEMIC IN AGRA.

(Continued from page 144, No 6, Vol. XXVII.)

The fourth stage is the stage of defervescence. In this stage the fury of the heat of fever is abated. The fever may have remission with a crisis, or an algid condition may intervene with indications of a fatal end. But when the third stage is passed it is generally believed to be hopeful. If the temperature begins to fall with normal perspiration, pulse becomes a little stronger, steadier and regular and at the same time less quick, tongue and skin become moist, senses return and head becomes clear, appearance natural, and the restlessness disappears, the case may be

regarded as a very hopeful one. The tongue then gradually becomes clear, the urine becomes more and more copious, the gastro-intestinal symptoms disappear. The buboes may suppurate, or may gradually disappear ; or they may remain stationary for a time.

The stage of convalescence begins at this stage ; but it is often slow and tedious. If the buboes begin to suppurate, it usually takes a long time to heal up. I take the liberty of mentioning here a case of a young woman whose guardians supposing that the danger was over when all the acute manifestations of the disease, such as fever, delirium, depression &c. had disappeared, but the ulcer of a very big inguinal bubo caused by an antipathic mode of treatment they had resorted to at the early part of the disease, discontinued the treatment ; but the woman died of gangrene twelve days after. Carbuncles and inflammation of the parotid glands are very rare ; I do not remember a single case of this type. But the cases of these types are generally found towards the end of an epidemic.

The typhoid condition in plague cases is not very uncommon, and these cases also take a very long time.

The plague patients generally die in the first four days of the disease if medicine does not help them. Improvement commences from the seventh to the tenth day. But if typhoid, or other conditions like it intervene it may take much longer time.

I have described the different stages of plague as adopted by most of the authors on this subject and under each heading I have arranged all the manifestations of the disease that can be logically grouped together there. I have not mentioned any of the symptoms which I have not noticed in the plague cases in Agra. It makes the subject easy to handle. But homeopathically it has not much practical value. A homeopathic physician must take his *materia medica* as his sole guide. The division of stages of the disease and the classification of remedies are only to help him in his labour. Any routine way of treatment will never crown his efforts with success.

The remedies which are generally found effective in my hand are—

(a) *Igna.*, *Acon.*, *Bell.*, *Rhus.*, *Lach.*, *Cobra*, *Crot. hor.*, *Ars. alb*, *Ferr. phos.*, *Kali phos*; *Pyrogen.*

(b) *Rhus.*, *Bell.*, *Cobra.*, *Crot. hor*; *Carbo. veg*, *Ars. alb*; *Kali phos.*, *Ferr. phos*; *Acid hydro.*, *Kali cyan.*, *Pyrogen*, *Bry.*, *Phosph.*

(c) *Ars. alb.*, *Carbo Veg*, *Lach.*, *Crot hor.*, *Acid carbo.*; *Pyrogen.*; *Káli phos*; *Bry.*; *Phosph.*

The medicines classed under (a) are used in the first and second stages, and they are generally found sufficient; these remedies may also be used with advantage in the third stage.

(b) class remedies come to play in the second and third stages.

(c) class medicines will often help the patients when blood becomes much vitiated.

It should be remembered that the above mentioned medicines are not the only medicines which a homeopath is required to use in cases of plague. He may feel the necessity of using any of the medicines of his materia medica. I mention here a case of a girl of eleven, who was attacked with high fever with much pain and swelling at the right elbow joint during the present epidemic; the day before she had helped her mother at the family wheat-grinding mill. Next day I saw that almost all the symptoms of plague developed and the medicine I had given her the day before did her no good. Seeing the fever resembled much that of Eup. p., I administered the medicine and in 24 hours the fever disappeared. For swelling I gave her Bell, and then Rhus.

Plague is a disease of a septic nature; it is bound to cause decomposition and disorganisation of blood to a certain extent. In cases of plague, Pyrogen is really an invaluable remedy. I use the occasional globular doses of the medicine in its 30th potency in fulminant types and in cases in which the septic manifestations are rapid and predominant. High fever, low delirium, great prostration and septic condition are indications of the medicine. Other medicines act better after Pyrogen.

Cobra is a remedy of sterling worth when the profound adynamic condition is the principal symptom, and imminent danger of heart failure is present. The poison acts vigorously on the nerve centres. Cobra patient has difficulty in breathing; he gasps for

breath. Lachesis is a left sided remedy. If buboes or glandular swellings appear on the left side together with high fever, Lachesis must at once be administered without any further loss of time. Crotalus is the most effective of all the serpent venoms in vitiating the blood ; where there is a tendency of blood discharge from any orifice together with prostration and heart trouble, Crotalus should be brought into play ; in blood discharge the high value of Ferrum phos. must not be forgotten. These are the salient remarks for use of the venoms, but the poisons have their own characteristics regarding fever, perspiration, chilliness, thirst &c. which must be carefully studied for their correct use.

Besides the principal medicines already named I give here a few more remedies from which I often select for use in plague cases.

(d) Ailunthus gland, Antim c., Antim t., Badiaga, Baptisea, Bubonine, Carbo ani, Cuprum met., Elaps cor., Eupatorium perf., Lauroce., Merc. c., Mer. s., Psorinum, Sulphur.

However, this list should not be taken as a complete one.

I generally use the lower or middle potencies of the drugs. The lower potencies in repeated doses act better in plague cases than the administration of higher potencies after long intervals. This I say from my own experience. But such remedies as Bubonine, Pyrogen, Psorinum &c are always used in potencies not lower than 30th.

I even use in severe cases two remedies in alternate doses when one medicine does not seem sufficient to combat with the condition, or well selected medicine does not act. In the latter condition Pyrogen is invaluable, no doubt, but it is not advisable to watch its effect for a day or two. For in plague cases every minute is precious. There is no disease which eats away vitality so rapidly as the plague. The physician must utilise, must take full advantage of the short time left to him. When it is found that alternate doses of medicines do no harm, on the other hand they do immenses benefit, they are not slow in producing desired effect, a conscientious physician must not hesitate in administering them when necessity arises ; otherwise he will lose his case. Adopting this method of treatment, I am glad to say that I have kept a very clear record of plague cases, some of which I have a mind to publish in my next opportunity.

HEMANTAKUMAR MAITRA,
Homeopathic Practitioner, Agra.

SERUM INJECTIONS.

That Serum Injection is attended with danger to life, there is not a shadow of doubt.

The Serums are diseased matter, germs or pus taken from diseased persons and administered by injection into the body of persons attacked with the same disease,

In subsequent list of anti-psoric remedies no iso-

pathic remedies are mentioned by our great master Hahnemann, for the reason that their effects upon the healthy organism have not been sufficiently ascertained. Even the itch miasm (Psora) in its various degrees of potency comes under this objection. Our master says "I call psorin a homeopathic anti-psoric, because the preparation of psorin did not alter its nature to that of homeopathic remedy, it never could have effect upon an organism tainted with that same identical virus. The psoric virus by undergoing the process of trituration and shaking becomes just as much altered in its nature as gold does the homeopathic preparations of which are not inert substances in the animal economy but powerfully acting agents.

Psorin is a simillimum of the itch virus. There is no intermediate degree between idem and simillimum ; in other words the thinking man sees that simillimum is the medium between simile and idem. The only definite meaning which terms 'Isopathic' and 'Acquale' can convey is of simillimum and not idem."

This is what our great master says, and he had a fear to use them, as they were not proved on healthy constitution. Our late Dr. Mohendra Lal Sircar called this sort of treatment Crude Homeopathy.

We give *verbatim* the following words in a paper read at the meeting of the Regular Homeopathic Medical Society, Ill, June 5, 1917.

"Preventive internal medication such as serum therapy &c. is always in accordance with the law of

similar. Let us not be blinded by the appearance of those so called new discoveries which dazzle by their brilliancy and deceive by their promise of a panacea.

There will never be such a thing. Therapeutically we have left all experimental field and rest on the truth.

The grandest research work ever undertaken culminated in Homeopathy and gave to the world the law of cure. However progressive the profession will be, its labour will disclose no new law, for there is only one ; it may be rediscovered through different channels, but only to be confirmed and reacclaimed ; whatever may be the future developments in the field of pathological research and investigation, whatever may be the scrutiny of present or future means of combating disease, whatever may be the enquiry into the method, Homeopathy stands the test. We have proven that there is no tonic like the indicated homeopathic remedy ; that there is no reconstructive like the deep acting constitutional homeopathic remedy ; that there is no safety except in the homeopathic remedy , and that there is no final salvation from the horrors of chronic diseases whose victims are now filling as lunatics our penal institutions and asylums except in strict adherence to the law of similia , we rest on our records and we will abide by our choice.

Nilambar Hui,
Serajgange (Pabna).

THE TRANSMISSION OF CONTAGIOUS DISEASES*

SAMUEL A. CLEMENT, M. D. Boston, Mass.

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The theory that contagious diseases are transmitted by air-borne infection should be entirely abandoned. According to this theory the organisms causing these diseases were capable of remaining suspended in the atmosphere and were not only flying about the room or ward in which the patient was confined but could be wafted through windows, doors, key-holes, cracks, etc., to reach the outer world.

To prevent such egress it was common practice to hang a sheet soaked in Platt's chlorid over the door of the sick-room. The attending physicians or nurses, unaware of the important rôle played in the spread of the disease in question by contact infection, were often instrumental as carriers of the disease. The physician entered the sickroom, examined the patient, and then, thoughtlessly, took with his infected hand his watch from his pocket to count the pulse, or a notebook to enter a memorandum, or the mometer, handkerchief; or stethoscope; or perhaps smoothed his hair or scratched his head or searched his bag for prescription blank, medicine case, or other article; and after completing his visit he would perhaps even forget to wash his hands before going to another patient. In other words, no adequate precautions were usually taken to prevent rapid spread of the contagion.

At present it is recognized that communicable diseases are transmitted almost wholly by direct or indirect contact

* Read before the Boston District of the Massachusetts Homeopathic Medical Society, May, 1918.

infection. The only air-borne infection that is possible is the so-called droplet infection which may occur particularly in measles and pertussis and which depends upon the propulsion into the air of minute droplets of germ-laden saliva by coughing or sneezing. These droplets, however, fall rapidly to the ground and are, therefore, rarely carried more than a few feet from the patient.

The principle of contact infection governs the present management of contagious cases in the Haynes Memorial and in other modern hospitals. Whether the infection is a severe one such as scarlet fever or as mild as rubella; whether it is one as highly contagious as rubeola or one that is less readily transmitted as pneumonia or typhoid, whether the infecting organism is known or unknown, we feel that the mode of transmission is precisely the same, and our technic of prevention is therefore, also the same.

Proof of the efficacy of isolation and management of contagious diseases as based upon the principle of contact infection is readily adduced from our experience at the West Department during the four years that the present technic has been carried out. On our so-called isolation floor, for example, there are nearly always four or five different contagious diseases at the same time, and I remember that on one day there were nine of them. scarlet fever, diphtheria, parotitis, measles, German measles, erysipelas, varicella, acute anterior poliomyelitis, and epidemic cerebro-spinal meningitis. To be sure, this floor is divided by partitions into compartments or cubicals, but the same nurses and physicians care for all the cases on the floor.

Fumigation of rooms or mattresses is not done in our institution. Often a case of scarlet fever, for instance, is taken out of a cubical and another patient suffering from another infection is put there as soon as certain necessary

changes are made ; these consist chiefly in the replacement of bed linen.

The safety with which contagious diseases may be handled if proper precaution against contact infection is observed is further exemplified by the following experience : The west side of the hospital consists of two floors, both of which until recently were occupied by cases of scarlet fever. In December last we were requested by the Navy to care for cases of mumps, and one of the scarlet fever floors was the only available space to accommodate them. On December 26 all the scarlet fever patients were removed from this floor, and on December 31, five days later, cases of parotitis were admitted. The precautions taken to prevent transmission of scarlet fever to these naval patients consisted in washing floors, tables, bedsteads, etc., and in covering beds with clean linen. Four hundred and ninety cases of mumps have been treated on this floor since last December while the floor beneath it was still occupied by cases with scarlet fever, yet no transmission of disease from one floor to the other took place.

Very recently it became necessary to change the mumps ward to an isolation ward in which, as stated previously, many different types of disease are present at one time. Again, washing of floors and furniture and change of bed linen were the only precautions taken to eradicate all traces of mumps.

Many other instances could be cited to prove the contention that direct or indirect contact infection is the mode of transmission of contagious diseases, and that such transmission from the sick to the healthy, or cross infection between two diseases, is preventable by observation of technical details based upon this principle.

The technic is very simple and essentially similar to

that observed in operating amphitheatres, where surgeons and nurses wearing sterile gloves and gowns carefully refrain from touching anything but sterile materials : they do not search the pockets for instruments or scratch their heads with their sterile hands. Similarly, in our contagious wards, we do not, after having examined a case of diphtheria and being contaminated with that contagion, go to a case of scarlet fever without first removing contaminated gowns and washing our hands ; and while we are contaminated, we are careful to avoid touching anything except those things that also are tainted with the same virus. Constant alertness is the price of success.

A special course in contagious technic is given our pupil nurses during their stay at the West Department, and our fortunate freedom from cross-infection is evidence of the care exercised by them.

A very troublesome thing which makes management of contagious diseases somewhat difficult is the variability of incubation period, not only in different diseases but also in the same disease. Scarlet fever, for instance, may have an incubation period of twenty-four hours in one individual and as long as twenty days in another one. A person may be exposed to scarlet fever and varicella at the same time and may show symptoms of scarlet fever in three days and of chicken-pox in three weeks.

Another very disturbing element is the possible synchronous co-existence of two or even more contagious diseases in one and the same patient. Thus, it is not rare to meet a combination of measles and scarlet fever or of diphtheria and varicella, and, in fact, any one of a large variety of groupings.

What steps should be taken to prevent the appearance and spread of contagious infections in general children's

wards? A knowledge of the mode of transmission and of the technic necessary to prevent such transmission, an understanding of the variability of the incubation period in different diseases and in the same disease and of the approximate limits of these variations, and recognition of the possibility of simultaneous presence of more than one contagious disease in the same patient, should suggest measures that are essential for averting such an unfortunate occurrence. The following points may be emphasized:

First, a children's hospital or department must have an admitting room where thorough physical examinations of entering patients are made by a physician adequately trained to recognise valuable cardinal onset symptoms of all contagious diseases; second, the wards should be small, preferably divided into cubicals, and there should be several isolation or detention rooms for suspects; third, the head nurse should have sufficient training and experience in contagious diseases to be able to recognise suggestive symptoms, and the nursing force should have instruction in the care and management of contagious cases. It may also be pointed out in this connection that the family history as given by the patient or his relatives is not always to be relied upon, and also that one individual may contract any contagious disease more than once. Although it may be impossible to prevent entirely the occasional occurrence of one or another of these diseases in a general children's ward, yet where the outlined prophylactic program is followed such occurrence will unquestionably be very infrequent.

My experience with contagious cases sent in by practicing physicians convinces me that every medical practitioner should have sufficient training in the diagnosis of these diseases to be able to recognize at least typical cases by the clinical symptoms alone, and he should not be dependent

merely upon laboratory findings. These are very helpful but not always dependable. I am sure that many diphtheria patients, for instance, are allowed to die because a negative culture report is believed to rule out diphtheria and, therefore, antitoxin is not given. The important position held by contagious diseases in the routine work of practising physicians would seem to indicate the advisability of providing at least six months ante- or post-graduate practical instruction in a contagious hospital for all students of medicine.

—*The New England Medical Gazette.*

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১২৯১, বহুবাজার স্ট্রীট, কলিকাতা ।

বার্ষিক মূল্য—সডাক ২৫০ মাত্র অগ্রিম দেয় ।

সম্পাদক—ডাঃ আর, আর, ঘোষ, এম, বি, (রিটার্ডার্ড এসিট্যান্ট সার্জেন) ।

কলিকাতার খ্যাতনামা হোমিওপ্যাথিক চিকিৎসকগণ কর্তৃক পরিচালিত ।

হানিম্যানের অর্গান ও কেন্টের হোমি-ফিলজফির সরল বঙ্গানুবাদ, ভৈষজ্যবিজ্ঞান, চিকিৎসিত রোগীর পুঙ্খানুপুঙ্খ বিবরণ ও প্রমোক্তর সাহায্যে মফস্বলের চিকিৎসক, গৃহস্থ ও শিক্ষার্থীগণের সন্দেহ ভঞ্জন করিয়া সহজ ভাবে হোমিওপ্যাথি শিক্ষা দেওয়া হয় । এক্ষণে মাসিক পত্র এই নূতন এবং সর্বত্র সমাদৃত । আজই গ্রাহকশ্রেণী ভুক্ত হউন ।

বি, সি, ধর এণ্ড ব্রাদার্স ।

বিশুদ্ধ আমেরিকান হোমিওপ্যাথিক ঔষধালয় ।

৮১নং ক্লাইভ স্ট্রীট,—কলিকাতা ।

টিউব শিশিতে ড্রাম / ১০ ও / ১৫ পয়সা ।

আমরা আমেরিকার বিখ্যাত “বরিক এণ্ড টেফেলের” নিকট হইতে বিশুদ্ধ হোমিওপ্যাথিক ঔষধ, শিশি, কর্ক, গ্লোবিউলস, সুগার অব মিক ও পুস্তক ইত্যাদি প্রচুর পরিমাণে আমদানি করিয়া বাজার অপেক্ষা সুলভ মূল্যে বিক্রয় করিতেছি । ইহা ব্যতীত বাঙ্গালা পুস্তক, কাগজের কেশ, কাঠের কেশ, থারমোমিটার, পিচকারী ও চিকিৎসা সম্বন্ধীয় যাবতীয় দ্রব্যাদি অধিক পরিমাণে ঠেকে মজুত রাখিয়া সম্তাদরে বিক্রয় করিতেছি ।

মফস্বলের অর্ডার বিশেষ যত্নের সহিত অতি স্নেহের পাঠাইয়া থাকি । কলেরা ও গৃহ-চিকিৎসার ঔষধপূর্ণ বাক্স—ফোঁটা ফেলা যন্ত্র ও পুস্তকসহ যথাক্রমে ১২, ২৪, ৩০, ৪৮, ৬০, ও ১০৪ শিশির মূল্য যথাক্রমে ২।।০, ৩।৭০, ৪।, ৬।, ৭।০ ও ১২।।০ টাকা, মাণ্ডলাদি স্বতন্ত্র । বিজ্ঞাপনের আড়ম্বর দেখাইতে অনিচ্ছুক, একবার পরীক্ষা প্রার্থনীয় ।

এলোপ্যাথিক স্টোর, ১৪।২ বনফিল্ডস লেন, কলিকাতা ।

ডাক্তার শ্রীযুক্ত প্রতাপচন্দ্র মজুমদার

এবং ডাক্তার শ্রীযুক্ত জিতেন্দ্রনাথ মজুমদার মহোদয়গণ কৃত

ইংরাজী ও বাঙ্গালা চিকিৎসা-গ্রন্থাবলী ।

চিকিৎসা-প্রকরণ (১ম ও ২য় খণ্ড একত্রে বাঁধান)—(৩য় সংস্করণ)	১০২
ঔষধ-গুণ-সংগ্রহ (ষেটিরিয়ামেডিকা)—(৪র্থ সংস্করণ)	৮
চিকিৎসা-তত্ত্ব (নবম সংস্করণ)	২১০
রক্তমাশম চিকিৎসা (ডাঃ বেল সাহেবের কৃত ইংরাজী বহির বঙ্গানুবাদ)	১২
কলাউঠা-চিকিৎসা	১২
প্রথম গৃহ-চিকিৎসা	১০
স্ত্রী-চিকিৎসা	১১০
অস্ত্র চিকিৎসা (পঞ্চম সংস্করণ)	১২
শিশু-চিকিৎসা (তৃতীয় সংস্করণ)	১২
ভৈষজ্য লক্ষণাবলী	২২
ম্যালেরিয়া	৫০
জীবনী শক্তি	১০
Cholera	Rs. 2.
Appendicitis	Re. 1
চিকিৎসা-সার, দ্বিতীয় সংস্করণ (ডাক্তার শ্রীজিতেন্দ্রনাথ মজুমদার প্রণীত)	২১০
কলাউঠা-চিকিৎসা	ঐ ঐ ২১০
Cholera Asiatica by J. N. Majumdar, M. D.	Rs. 2

উল্লিখিত পুস্তকগুলি ২০৩১ নং কর্নওয়ালিস স্ট্রীটে, ২২২ নং হ্যারিসন
রোডে, ১১১ নং কর্নগোরেসন স্ট্রীটে, এবং ২০১ নং কর্নওয়ালিস স্ট্রীটে, বেঙ্গল
মেডিকেল লাইব্রেরীতে প্রাপ্য ।

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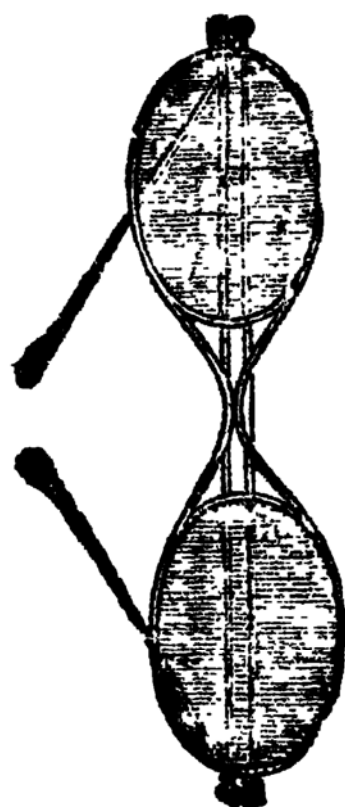
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[নূতন হোমিওপ্যাথিক পুস্তক।]

হোমিওপ্যাথিক চিকিৎসা-সার ।

মূল্য ২৥০ টাকা, ডাকমাণ্ডুল স্বতন্ত্র ।

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কলেরা বা

ওলাউঠা-চিকিৎসা

এই পুস্তকে ওলাউঠার ইতিহাস, রোগতত্ত্ব, চিকিৎসা, পথ্যাদির নিয়ম প্রভৃতি সকল বিষয়ই বিস্তৃত ভাবে ও সরল ভাষায় লিখিত হইয়াছে ; এবং ডাক্তার বিহারিলাল ভাদুড়ী, প্রতাপচন্দ্র মজুমদার ও জিতেন্দ্রনাথ মজুমদার মহাশয়দিগের অভিজ্ঞতা ও সন্নিবেশিত হইয়াছে । কয়েকটি রোগীর চিকিৎসা-বিবরণ দিয়া ঔষধ সকলের ব্যবহার বুঝিবার পক্ষে বিশেষ সুবিধাও করিয়া দেওয়া হইয়াছে ।

মূল্য ২৥০ টাকা, ডাকমাণ্ডুল স্বতন্ত্র ।

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knowledge of their employment constitute medicine."

—HAHNEMANN.

VOL: XXVII.]

AUGUST, 1918.

[NO. 8.

THE EPIDEMIC OF FEVER IN CALCUTTA.

An epidemic of fever has just passed through Calcutta. It has been a very extensive one, large numbers of people having been affected by it. It has attacked the rich and poor and the high and low alike. Vast numbers of people were affected, so much so that offices remained closed, deliveries were stopped in the post-offices and the markets appeared deserted.

The epidemic is said to have come from Bombay, where also nearly the whole population had been affected. It has been called "war fever" because it came from Bombay side. It is similar to the ordinary influenza or dengue fever of old. Fortunately the duration of the fever is very short, people recovering from it within three days. But a very extreme

condition of weakness is felt by the patient after the fever leaves.

Though the disease is ushered in by fever, it seems to affect nearly all the tissues and organs of the body. A characteristic bacillus similar to that of Influenza has been found.

Symptoms. Generally there is malaise with pain all over the body, high temperature and a violent headache. Constipation is the usual thing, but in some cases a bad type of diarrhoea is also noticed. Lungs are very frequently involved, bronchitis being invariably present, but in some cases even pneumonia symptoms are noticed. In some cases, the head symptoms are most pronounced, so much so that some of them have been mistaken for meningitis, but an examination of the spinal fluid has always revealed the influenza bacilli there being no meningococcus present.

A relapse is always to be dreaded in this disease, for although there have been no deaths from the disease itself, many a fatal case has been observed where there has been a relapse. Pneumonia has often been a common complication in these cases.

Treatment. Our municipal authorities have been very energetic in improvising prophylactic measures. It is said that spraying of the throat with eucalyptus has been very efficacious, because the throat is often affected in this disease. The ordinary hygienic rules of air, light and ventilation should be carefully observed. Cases of colds and catarrh should be taken notice of at once, for these cases rapidly develop into pneumonia.

Diet should be nourishing but simple. Milk, barley-water, fruit, juices &c.

Homeopathic Treatment Homeopathic remedies have been uniformly successful in these cases.

Aconite, Arsenic, Belladonna, Bryonia, Eupatorium perf., Gelsemium, Kali carb, Merc. sol, Nux vomica, Natrum mur., Rhustox and Sulphur have been the most useful remedies at our hands.

In the epidemic of dengue that prevailed in 1915, Dr. P. C. Majumdar found the following remedies useful :—

Aconite is one of the efficacious remedies in this disease. In inflammatory stage high fever, pains in body, dry skin, frequent, hard and quick pulse, and rheumatic pains are the leading symptoms.

Eupatorium perfoliatum. Dr. Mahendra Lal Sircar made use of this remedy with great success in the first epidemic of dengue in Calcutta years ago. Pain in body, as if it comes from the bone; fever, pulse frequent and full, great thirst and vomiting of bile.

Many people believe, it is one of the best remedies in dengue and we also share the same opinion.

Symptomatic similarity is very great.

Bryonia. Rheumatic pains, aggravated by least movement; fever; great thirst; eruptions, joints inflamed and swollen.

Rhustox. Intense restlessness, patient cannot remain in one position for a minute; joints swollen, thirst, fever increases at night.

Gelsemium. It is a good remedy in the first stage

of the disease. High fever, drowsiness ; myalgia ; slight delirium.

Belladonna. Useful in many cases. Intense headache, delirium, thirst and rheumatic pains appearing and disappearing suddenly.

We have derived some benefit from Arsenic in the first or catarrhal stage and in the later stages when the heart becomes weak.

For crampy pains in various parts of the body *Veratrum album* should be thought of.

For metastasis in the testes, *Clematis* and *Mercurius* are best. *Phytolacca* is to be thought of for the after effects, pains, swelling &c. (J. N. M.)

Clinical Cases.

P. C. MAJUMDAR, M. D.

I.

A young man at Champatola had been suffering for slow fever, dyspepsia and slight abdominal dropsy. He had had allopathic and Kabiraji treatment for a long time. He came under my treatment on the 6th of February, 1917. His bowels were not clear and he got wind in his stomach ; urine scanty and high-colored. Taste bad, longing for acids and other undigestible food. He used to get slight fever in the afternoon between 3 and 5 P. M. Temperature was 97.5 F. in the morning and 99 in the evening. Burning of hands and feet. No thirst or any other complaint during fever. He was not aware of fever, so rice and

fish-soup were regularly taken. Mind irritable and peevish, did not like to talk. This was a very chronic case. I gave him a dose of *Nux vom.* 30. Next day's report was that he was not better. No medicine.

I saw him again on the third day and found him in the same condition. *Lycopodium* 200, one dose, followed by placebo. He was better three days after. Continued placebo as before twice daily. He was cured by *Lycopod.* cm. one dose. He was under my treatment for three months during which time he got four doses of *Lycopod.* 200 and one dose of the cm. potency.

II. .

A young man at Kalighat suffered long from dyspepsia and colic. He had been under the treatment of an experienced doctor without much benefit. One evening his pains were intense and he vomited acid and glairy mucus. At last some bloody substance was vomited. I was called and after carefully examining him found a hard ball-like substance in the right side of the abdomen. It was movable and by hard pressure moved to the other side of the abdomen. Anything he took caused acid rising, especially any sweet thing. *Nux vom.* 200 was given by another physician of the locality without any effect. I saw him in intense agony. I gave him Oxalic acid 30, one dose every two or three hours. It had the desired effect at once.

Next morning he got the pain again and I gave

him Oxalic acid 200 one dose and there was no more pain since then. His dyspepsia was very much better. I advised him to be very careful about his food, especially sweets of which he was very fond. I heard that he was cured of his indigestion and colic completely.

III.

A young woman from up-country was brought to me by her husband, suffering from swelling of legs and face for one year. She was under the treatment of various kinds of physicians without much benefit. I saw her in January, 1917.

Both the legs were swollen up to the knee, pitting on pressure and remaining so for some time. Urine scanty and high colored and on examination was found to contain distinct traces of albumen and excess of urea. Specific gravity 1012. Urine contained no casts of any kind. Some burning in micturations. Menses scanty, painful, always retarded. Great weakness and anemic appearance. Appetite good but she could not take much food as little quantity caused distress in stomach and abdomen.

I gave her *Pulsatilla* 30, morning and evening, for some time with occasional stoppage of medicines. She improved in health and in two months' time menstrual functions were better. Anæmia was also reduced. But there was not much improvement in the swelling, and urine remained the same.

Apis mel. 6x and 30 had very little effect. I gave her *Hepar sulph.* 30 for one week and urine

increased in quantity and was not so high-coloured. Swelling was also much better.

Placebo morning and evening. After a month I saw her much improved. One dose of Hepar s. 200 completed the cure.

I was very strict about food ; no rice was given for three months ; milk, barley and bread only were allowed all this time.

IV..

Babu Sarat Chandra Ghose's daughter, aged 8 years, had been suffering for a long time from fever. She took a large quantity of quinine prescribed by the allopathic doctors ; but there was no benefit, only the fever assumed a chronic and obstinate form.

In the morning temperature was normal and no complaints of any kind. In the afternoon about 3 p. m. she felt slightly chilly and the chill was followed by burning of the hands, feet and eyes.

Obstinate constipation. stools hard and of blackish color, passed with great difficulty. Appetite not very good. Liver slightly enlarged and tender on pressure. Appearance somewhat anemic.

Nux vom. 30 twice a day. For three days no improvement. *Azadiracta* 30 twice daily. Improvement began in no time. Burning was gone the next day and the fever stopped after 3 days. She gained blood and flesh and was completely cured within a short time.

V.

An elderly man at Linton Street suffered from

pain in chest and difficulty in breathing. Much cough at night and could not lie on the affected side.

He had dry cough and in coughing pain was felt very acutely. No fever. He was treated by allopaths and Kabirajes for one month.

Phosphor 6 cured him in three days. He came under my treatment on the 30th of November, 1916.

VI.

Babu Jiban Mull Marowari's wife at Kasipnr had cartilaginous growth of tolerably big size. She was a robust looking lady of tall and robust form of body. Suffered off and on from cold and catarrh but did not care much. About one year before she noticed something hard on the back of the palate which now and again caused difficulty and pain on swallowing. This continued for one year when she consulted doctors in Calcutta. The tumor was found out and an operation was advised. Her friends induced her to try homeopathy and I was called. She complained of acidity, heart-burn and constipation and some expectoration after slight cough.

Calc c. 200, one dose a week. In a month's time she improved in health; digestion was good, acidity nearly gone and not so much cold, but she said there was no improvement in the growth.

After waiting a month I gave her *Argent. met.* 30 twice daily. This had the desired effect. The growth was rapidly decreasing and after a month when she left Calcutta she was very much better.

The same medicine continued there at Bikanir. She returned and to my surprise I found the growth entirely gone.

VII.

An elderly woman with anæmia and chronic diarrhœa, came under my treatment on the 12th of May, 1916. She suffered long and took no care of her health. She could not digest her food well ; there was considerable wind in the stopach, much acidity and heart-burn, and constant spitting of thin acid saliva.

She was treated by a homeopathic physician of this city with Pulsatilla, Podophyllum and some other remedies with partial relief. She did not observe diet. Such chronic cases of diarrhœa and dyspepsia can never be cured without restriction of food. I impressed this strictly on her mind.

Argent. nit. 200 one dose dry on the tongue and placebo twice daily. After a week I learned that she was much better. Continued placebo as before. She disobeyed my order and took some food rich with ghee and a good number of chillies. I rebuked her and gave her *Nux vom.* 30 one dose. This had the desired effect. She was then very careful and continued to improve. In three months she got rid of all complaints, except some weakness for which I advised a change of climate to Benares.

VIII.

Dr—'s wife, an elderly lady, had an attack of appendicitis and for fear of an operation came under my treatment. She was an old dyspeptic patient and

always complained of constipation. In the month of June, 1916, she suddenly felt severe pain in the region of the appendix and high fever. Diagnosed by competent doctors that it was an undoubted case of *appendicitis* and an immediate operation was necessary.

I gave her a few doses of *Belladonna* 30 and in the evening fever and pain subsided. But slight fever and pain persisted for days and the constipation continued. I gave *Belladonna* 200, which did not do much good. At last a dose of *Nux vom.* 1m set the bowels right and a complete cure was effected.

REPERTORY OF THE EVACUATION FROM THE BOWELS.

Costive—Dry, hard as if burnt. *Bryonia*.

Crumbling.—*Am. mur*, *Magnes mur*, *Natrum m*, *Opium*, *Plumbum*, *Sepia*.

Scanty, hard, hurting the anus—*Alumina*, *Graph*, *Lycopod*, *Nitric ac*, *Nux vom*, *Sulph*, *Zincum*.

Hard, dry, long, slender. *Phosphorus*.

Partly digested. *Calc c*, *Hepar sulph*.

Bowels loose—Acrid, corroding the anus. *Arsenic*, *Chamomilla*, *Merc. cor*, *Sulp*.

Black—*Arsenic*, *Leptand*, *Merc*, *Veratrum alb*; first part black, the rest white. *Æsculus*, *Calc. c*, *Black liquid*, *Ars*, *Kali bich*, *Verat alb*.

Bloody—*Arnica*, *Apoc*, *Baptis*, *Capsicum*, *Carbo v*, *Ferrum Phos*, *Merc cor*.

Blood and slime—*Arnic*, *Aplis*, *Carbo v*, *Ipecac*, *Petrol*, and *Merc cor*.

With fever—Acon, Bellad, Baptis.

In typhoid fever—Ammon carb, Alumina, Lachesis, Nitric ac, Terebinth, Secale.

Like charred straw, in typhoid. Lachesis.

Putrid blood—Kali phos, Lachesis.

Burning liquid—Arsen, Iris v, Natrum mur.

Hot matter—Arsen, Cham, Dios, Iris vers.

Changeable, no two stools alike. Puls.

Clay color—Podoph, Rheum, Calc c.

Fermenting—Arnica. Ipecac.

Loose stools—Frothy—Kali Bich, Magnes carb.

Gurgling, gushing—Gumigutti, Croton, Elatern, Podoph, Phosph, Thuja.

Noisy flatulent—Argen nit, Aloes, Phos. ac, Thuja,

Green slime—Arsen, Bellad, Cham, Colocy, Dulc, Ipecac, Magnes carb, Magnes Phosph, Merc cor.

Green with white masses—Magnes carb.

Green like chopped spinach—Acon, Argent nit, Magnes phos.

Green and sour—Hepar s, Podoph, Rheum, Sulph.

Green liquid—Cham, Dulc, Podop, Magnes c, Verat alb, Hyos, Pulsat, Rhust.

Oily—Iod, Thuja. Greezy slime. Causticum,

Putrid odour—Arsenic, Asaf, Carbo v, Chamom, Kali phos, Lachesis, Podoph, Sulphur.

Rice water gush—Colchicum,

Red slime—Argent nit, Canth, Graph, Rhust, Sulph.

Red like washings of intestine—Rhust.

Skinny—shredy like scrapings of intestine—

Argent nit, Canth., Colchicum, Colocy, Nitric ac, Merc. cor.

Sour—Calc c, Cham., Magnes c, Rheum, Hep, Natrum phos,

Sticky adhesive—Sulphur,

Sticking like paste to the anus—Platina,

Undigested—Ars, China, Ferr, Ferr phos, Hep,

Undigested and hard—Calc c, Graphites,

Watery—Arsen, Apis, Croton, Elat.

—STACEY JONES.

Notes.

Colchicum—It is indicated in gout. Considerable prostration with nightly aggravation. Urine loaded and frequent. Bowels loose.

Abrotanum is very useful in marasmas of children. Child cannot take his nourishment well. Diarrhœa and muscular atrophy. Old wrinkled look, large head and open fontanel. Also Calc c, Silicia and Sulph.

Calc. fluor.—Useful in fistula in ano. We have cured numbers of cases with this remedy. Constitutional symptoms should be looked for. In lachrymal fistula it is *the* remedy; considerable watering of the eye, secretion of pus and mucus. Digestive derangement.

Ammonium carbonicum—Very efficacious in low and adynamic conditions, in pneumonia. When the pulse is weak, slow and irregular and the patient suffers from dyspnœa, it is of great use. Large accumulation of frothy, glairy mucus in the chest.

Sambucus is indicated in the very beginning of whooping cough. Child is suffocated after sleep at night. Much sneezing, running of the eyes and nose and considerable cough.

Carbolic acid is indicated in diphtheria when the pulse becomes weak, prostration extreme, pale face and extensive formation of membrane. When putrefaction commences it is a sovereign remedy.

SULPHUR.

Trituration of Flowers of Sulphur : A saturated solution in absolute alcohol is also taken as the mother tincture and potencies made from this ; the quantity of Sulphur dissolved is .035 gram Sulphur in every 100 grams of tincture.

Sulphur is one of the oldest remedies in medicine, but of late years, except for homeopaths who rank it among the chief of potent drugs, it is little used except as an external application and as a purgative.

A large dose of Sulphur readily causes a laxative action with a certain slight catarrh of the bowel and with the purgation thus achieved passes away generally the whole mass administered with little or no absorption. A local effect is obtained but not a general one. But if the drug is taken in small repeated doses, insufficient to produce at once active purging, then it is readily absorbed, and profound effects produced, especially in chronic diseases. This is tacitly admitted by any physicians who make use of sulphur springs for chronic joint cases, for chronic syphilis, or for lead or other metallic poisonings, because the amount of Sulphur in most sulphur springs is not large. In the famous springs at Aix-la-Chapelle for instance, there is only one gram of Sulphur

to 250 litres, yet the virtues of treatment with it are renowned and the power of small quantities is surely thereby confessed. Homeopaths, however, are almost the only physicians deliberately to aim at the profound effects of the drug by administering minute doses of it. It has to be remembered that a small but essential quantity of Sulphur is contained in the albumen molecule, so that it is not to be wondered at that quite a small disturbance of Sulphur equilibrium in metabolism should have a marked effect. It should be added that the virtue of the Sulphur in sulphur springs in producing improvement has been denied, and the value of the treatment attributed to the general hygienic measures of hydrotherapy, the heat of the bath, etc. But it is nevertheless true that physicians in general continue to choose sulphur waters for certain complaints, and not other waters, although if the Sulphur is inert other waters should do as well. So that the verdict of general experience would seem to be that the Sulphur *has* a value, and it is at least interesting that the verdict of general empirical experience so often confirms the uses to which the homeopathist is led by his provings.

Certain experiments show a considerable increase in the urea excreted under the influence of Sulphur. This suggests a heightening of general metabolism, a "speeding-up" of body machinery, and might account for some of the values of the drug in hastening elimination of metallic poisons or even toxins. Clinical homeopathic experience would certainly encourage a belief in this power.

Professor Hugo Schulz, of Greifswald, almost alone among non-homeopathic physicians, has a clear conception of the powers of Sulphur. In this as in other matters his researches have led him to conclusions largely accordant with those of Homeopathy, as he freely acknowledges, but the independence of his investigations adds great value to his confirmations of

homeopathic experience. He has had Sulphur "proved" under his own direction, and bases his clinical uses of it upon these findings. He emphasises the great difference in the value attached to the drug by the two schools, and is not unfairly critical of the somewhat complacent lack of experimental curiosity on the part of physicians, who, with the experience of the sulphur springs to give them suggestions, yet make so little use of the remedy and decry without any personal investigation, the conclusions of those (like himself and the homeopaths) who have at least grounds of experiment for their convictions.

He quotes effectively the well-known lines from "Faust," addressed to the old and prejudiced Imperial counsellors, which may be paraphrased thus :—

"All you can't grasp is wholly lost on you
 All you can't reckon is, you deem, untrue,
 All you can't weigh for you no weight can hold,
 All you can't coin, can't pass, you think, for gold."

Wherever the truth lies in the homeopathic controversy, these lines are a fair criticism on the attitude (so terribly common) of the expert in the old to the experimenter in the new, as not only Hahnemann, but Harvey, Semmelweiss, and a hundred others could testify.

Schulz points out first that Sulphur is an invariable constituent of albumen, and second that the Sulphur content varies with different tissues. Particularly are epithelial tissues relatively rich in it, and the relation of Sulphur to the skin is a close one.

As a result of his "provings" Schulz states that one of the early effects of taking small repeated doses of Sulphur is upon the higher nerve centres. The first sign is a sense of discomfort, combined with increased sensitiveness and "nervousness" : inability to concentrate and to pursue mental

work follow, with ready fatigue after relatively slight exertion. Lack of interest in life deepens into apathy, almost into melancholia. Drowsiness often increases: the sleep at night becomes heavy but unrestful, and presently the patient begins to drop off to sleep at any time in the day, but occasionally the reverse phenomenon is seen and sleeplessness or light sleep broken by terrifying dreams appears. Both these opposed effects can be seen as a consequence of Sulphur poisoning and sometimes even the one state will pass over into the other. This is an instance of a phenomenon which is found with great frequency in homeopathic provings, the phenomenon of the appearance of so-called primary and secondary symptoms. Thus a primary diarrhoea appearing under the influence of a drug will be replaced by constipation, a primary spasm by a secondary paresis, a primary neuralgia by numbness. Both effects are drug effects, and therefore on the strength of the homeopathic generalisation, either should be an indication for the use of the drug if it appears in disease with similar characteristic qualifications. Clinically an attempt has sometimes been made to use either symptom-group as an indication, but to modify the potency of the drug according as the indication followed is primary or secondary. But the attempt has not been conclusively translated into practice, though it has value in acute or subacute diseases. In chronic disease most observers agree that either a primary or a secondary drug symptom can be used as a drug indication and that, given that it is well marked, there is no clear evidence that it carries any necessity of high or low potency. Both high and low in other words will affect both primary and secondary symptoms. If a case calls for Sulphur in its "totality", then Sulphur (both in high or low potencies) will relieve either sleeplessness or tendency to excessive sleep.

The paradox becomes less paradoxical on consideration of other well-known phenomena. All life energies in cells are compounded of what may be called a building-up factor and a breaking-down factor, a reaction and a preparation for reaction. A secretion is a breaking down of a previously built up substance, a muscle contraction an "explosion" of a previously prepared substance, a nerve impulse involves a chemical change for which a previous preparation must be made, and so on. Now the effect of a "stimulus" may be more exerted on one life factor than on the other. Opium is a nerve stimulant for a brief space, and it is as a stimulant that opium-eaters take it as often as for a sedative, but its more abiding, predominant action is as a hindrance to nerve action, as a paralyser of muscle contraction. The most prominent action of a drug is apt to mask its opposite effect, but the latter is nearly always to be found if looked for. Now it can hardly be doubted that the regulation of life processes is carried out largely by agents analogous at least to enzymes, and enzyme action has one great characteristic in that it is reversible. Yeast will break down sugar into alcohol and CO_2 but will also synthesize it out of alcohol and CO_2 . If then, what have just been called the life factors of building up and breaking down in tissues are controlled by enzymes, it is highly probable that one and the same enzyme controls both factors in virtue of this quality of reversibility, and if a drug acts (as it very well may) by influencing enzyme action (if not by directly supplementing it), then while its effect will very likely preponderate upon one factor, it is almost certain to some extent to affect both. But in this case its remedial effect in disease will depend upon the direction in which enzyme action is modified by the illness. Normally, there is, as it were, a pendulum swinging with a definite rhythm and producing opposite effects as it

swings in opposed directions. In disease the pendulum tends to become fixed to one side or the other ; there may be excessive breaking down or building up with no capacity to break down. The effect of a drug which *ex hypothesi* influences the pendulum directly may very well be to set it swinging again, on whichever side it may have been fixed. This clumsy image may serve also to illustrate the advisability of discontinuing a drug when the desired effect is produced ; once the pendulum is set swinging again to go on interfering with it might well produce new disorder. When a drug is being "proved," it will influence enzyme action first probably in the direction of heightening normal function, because as a cell exists to fulfil a certain function, there should be a certain definite readiness to perform it in response to any stimulus. The function of a muscle is to contract and the first effect of Opium is to stimulate contraction. But after the cells have been thus abnormally stimulated into action, they are apt to revenge themselves by an abnormal reaction in the opposite sense, and the reaction after an opium-produced contraction is a much more obvious lethargy. Non-homeopathic medicine inclines to make use of the secondary reactions and e. g., uses Opium to check diarrhoea. Homeopathic medicine, at any rate in non-chronic cases, inclines to use primary action and uses Opium to relieve constipation, giving to that end a small dose, for the depth of the reaction is largely proportionate to the amount of drug given, and a dose small enough to produce a primary effect may have no *obvious* reaction at all. In chronic diseases the disturbance to life is more profound. Here in practice either primary or secondary drug symptoms can be used as indications.

Returning from this digression to the consideration of Sulphur, it must be next noted that Schulz finds attacks of

giddiness a prominent feature, in provers. The attacks are slight at first, but become repeated and may go on even to fainting. Particularly do they appear on rising after sitting or after long standing, and the use both of alcohol and tobacco predispose to them. These phenomena are probably vaso-motor in origin, and are to be associated with the characteristic attacks of "flushing" of the skin, locally or generally, with sensations of heat and cold. The heart's action is quickened at first and afterwards slowed : irregularity of pulse and palpitation are common symptoms.

Schulz's provers constantly developed headache under Sulphur : the early morning on waking was a usual time for its appearance, and it affected principally the forehead and brows. Sensations of congestion were common. Homœopathic provings find the vertex of the head a most characteristic site of Sulphur action, but Schulz does not seem specially to have noted this, and speaks of the frontal regions as chiefly affected. Conjunctivitis appeared, with swelling of the mucous membrane and increased secretion. Vision was considerably affected in some subjects, who complained of their sight flickering and of objects seeming veiled and indistinct. Peripheral nerve disturbances took the form of formication and discomfort rising to neuralgic pain, sometimes following the course of large nerves (e.g. sciatic), sometimes more generally diffused. The motor nerve involvement caused tremour of extremities and a general sense of muscular weakness. Also whole groups of muscles and definite joints suffered from pain and discomfort which recalled lumbago and rheumatism. In the respiratory sphere catarrh of nasal, tracheal and bronchial, mucous membranes appeared, with cough and increased secretion. The alimentary canal was even more definitely attacked. Herpes on the lips was seen several times ; the saliva increased, with swelling of the glands,

the gums bled easily and were swollen. Anorexia, heart-burn, gastric distension with sense of pressure and fullness, testified to the presence of catarrh of gastric mucous membrane. All the provers (taking small repeated doses) experienced at first constipation, with hard, dry stools : after a few days this passed over into diarrhoea. Distension from fermentation and gas formation and marked hæmorrhoids were usual sequels. The colour of the stools suggested a gradual increase in the output of bile under the influence of Sulphur. Urine was generally increased : the genital organs in both sexes appeared to be stimulated.

Sulphur has an ancient reputation for affecting the skin, and the provers all showed marked effects of it on this tissue. Itching, crawling sensations, and burning came first. Then the hair began to fall, the skin became dry and scaly, and a tendency to local suppurations appeared, small boils and acne spots, and inflammation round the nails. The skin under Sulphur undoubtedly contains more blood and pigment is made and deposited more easily. Finally, Professor Schulz found good reason to think that the general level of body metabolism was heightened under Sulphur, and it is mainly in chronic diseases that he uses it to stir a system to better reactions by virtue of this general power. He notes (as homeopaths are interested to see) that the beginning of a course of Sulphur treatment often leads to a temporary aggravation of symptoms, but regards such a phenomenon as hopeful and expects it to lead to final improvement. He also adds that old half-forgotten troubles may re-appear under the influence of the drug and again regards this as of good augury for their ultimate complete disappearance. His whole point of view and practice with the remedy is of great interest and significance and while homeopaths more often use high potencies and single doses

of Sulphur, Schulz's short courses of the tincture seem in his hands frequently to achieve admirable results.

From these confirmatory general provings it is time to turn to the more detailed indications of Homeopathy. Sulphur to the homeopathist is inextricably associated with chronic disease (although there are many acute and sub-acute conditions for which it may be indicated), since Hahnemann formulated his famous doctrine of the "miasms" and their profound effects. The greatest of all race-poisons to him was the one he called "Psora," and Sulphur he indicated as one of the chief remedies for it.

Hahnemann's teaching, however modified in details, commends itself to the experimenting physician, in so far as chronic disease can be cleared up (with sufficient frequency at least to encourage the experimenter) by diligent application of the Hahnemannian method, as worked out in detail by Allen, Kent and others. And since the practice is fruitful, the homeopathist can have no scorn for the doctrine upon which the practice is founded, however odd some of its expressions appear to-day. But there is no need here to spend words over the conception of "Psora." Suffice it to make clear that Hahnemann did not mean by it ordinary scabies, as has been ignorantly asserted. He was aware of the parasitic nature of scabies and his Psora was a very different affair, but it was one of the characteristics of it that skin symptoms (especially itching eruptions) should be prominent and scabies was in his day often called Psora and thus the confusion arose. The Hahnemannian doctrine of chronic disease does not mean any abandonment of Homeopathy : the remedy is chosen by similarity and it is by its pathogenesis that Sulphur becomes so frequently indicated. But an appreciation of the possibility of a poison underlying a chronic symptom complex leads the homeopathist, when the remedies that seem obviously

Indicated fail or only relieve temporarily, to consider the drugs which may have a deeper action. Among these the choice must be made by general rather than by local symptoms, by the general body reactions. Even when these are not very definite, there is justification and value in the practice of administering a drug like Sulphur, because of its well established reputation of "clearing up" a case. Unquestionably it happens that the administration of Sulphur often brings into prominence new or half hidden symptoms which point the way to the real remedy, or else it speeds up a recovery that seems to hang fire, and enhances the action of a drug which, though well indicated, has till then shown little power. The explanation may lie, as Schulz suggests, in its influence on general metabolism : at any rate from the days of Hahnemann it has been held good practice when a case does not respond well to try if a dose of Sulphur will not avail to help, and clinical experience justifies its use even when indications are few. Nevertheless the symptoms of Sulphur are many and definite, and the better they are marked the more confidently can the prescription be made.

Most valuable of the indications for Sulphur are the general ones, those that concern the patient as a whole rather than any one tissue. The drug is found to be particularly suitable to persons who approximate more or less to a type that may be defined as sensitive, even delicate, but slack, lazy, shiftless, lacking energy and will power, living on the wits rather than by hard work. It must be understood here and whenever a drug is thus associated with a well-marked type of individual, first that the type described is only a guide to the physician, and does not exclude exceptions, and second that it is a guide in two ways. Persons who conform to the type are to be regarded as having a constitution which will readily respond to the drug. If indeed they conform closely

to (say) the Sulphur type then Sulphur may be for them a general remedy capable of relieving most diverse complaints. Hahnemann would have said that they were "Psoric" by inheritance, and indeed they may quite conceivably be persons starting life with a certain balance of life forces (Internal secretions or whatever) and Sulphur may have the power of amending the ordinary deficiencies of their particular balance. Or again, a person not notably of the Sulphur type may approximate to it under stress of illness. The hard worker may overwork and develop the slack and lazy condition of mind and body that so often goes with this drug. Then clearly his life balance is disturbed in a definite direction and again it is in the hope that Sulphur will correct it that the prescription is made.

A characteristic (though not invariable) appearance of a typical case for Sulphur is that of a spare, stooping, delicate looking subject, very disinclined to stand, always ready to sit or lie down, but if compelled to stand, then constantly shifting about restlessly. The complexion and hair are often fair and the eyes blue or light coloured. Very noteworthy is the skin condition : it often looks (and is) dirty, for the typical Sulphur patient finds that washing irritates his skin and avoids it ; symptoms worse after bathing is a Sulphur "keynote" as it is called. This is associated with a variety of skin eruptions to be described later and with the presence of more blood in the tissue than normal (as Schulz notes), for wherever the covering layer is thin, (lips, eyelids, orifices generally) there is a notable redness of the parts.

Corresponding to this permanent extra blood supply in the skin are the characteristic Sulphur "flushes" of heat. The blood suddenly rushes to the head, to the chest : heat and burning sensations of parts of the body occur, followed by sweating. These vaso-motor disturbances have a counterpart

in the "sinking" "empty" sensations of which Sulphur subjects complain. These no doubt depend on vaso-motor phenomena affecting the abdominal circulation. They are of great importance as Sulphur symptoms. Several of the great remedies for chronic disease present them more or less, but with Sulphur they are unusually prominent, particularly about 11 A. M. That is a characteristic aggravation time for this drug for this particular symptom. It has more than a little importance. The sinking sensations at this time of day are common in women of middle age, and are one of the most potent causes of the habit of spirit drinking which temporarily relieves them. This, it need hardly be said, is a very undesirable practice, and Sulphur becomes a valuable weapon wherewith to fight it. The sinking often translates itself into hunger and hunger in the forenoon or about noon may be equally read as a Sulphur symptom.

(To be continued.)

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আমরা আমেরিকার বিখ্যাত “বরিক’এণ্ড টেফেলের” নিকট হইতে বিশুদ্ধ হোমিওপ্যাথিক ঔষধ, শিশি, কর্ক, গ্লোবিউলস, স্ক্কার অব মিল্ক ও পুস্তক ইত্যাদি প্রচুর পরিমাণে আমদানি করিয়া বাজার অপেক্ষা সুলভ মূল্যে বিক্রয় করিতেছি । ইহা ব্যতীত বাঙ্গালা পুস্তক, কাগজের কেশ, কাঠের কেশ, থারমোমিটার, পিচকারী ও চিকিৎসা সম্বন্ধীয় যাবতীয় দ্রব্যাদি অধিক পরিমাণে ঠেকে মজুত রাখিয়া সম্তাদরে বিক্রয় করিতেছি ।

মফঃস্বলের অর্ডার বিশেষ যত্নের সহিত অতি সত্বর পাঠাইয়া থাকি । কলেরা ও গৃহ-চিকিৎসার ঔষধপূর্ণ বাক্স—ফোঁটা ফোঁটা ঘন ও পুস্তকসহ যথাক্রমে ১২, ২৪, ৩০, ৪৮, ৬০, ও ১০৪ শিশির মূল্য যথাক্রমে ২৥০, ৩৥০, ৪৥, ৬৥, ৭৥ ও ১২৥০ টাকা, মাণ্ডলাদি স্বতন্ত্র । বিজ্ঞাপনের আড়ম্বর দেখাইতে অনিচ্ছুক, একবার পরীক্ষা প্রার্থনীয় ।

এলোপ্যাথিক ষ্টোর, ১৪১২ বনফিল্ডস্ লেন, কলিকাতা ।

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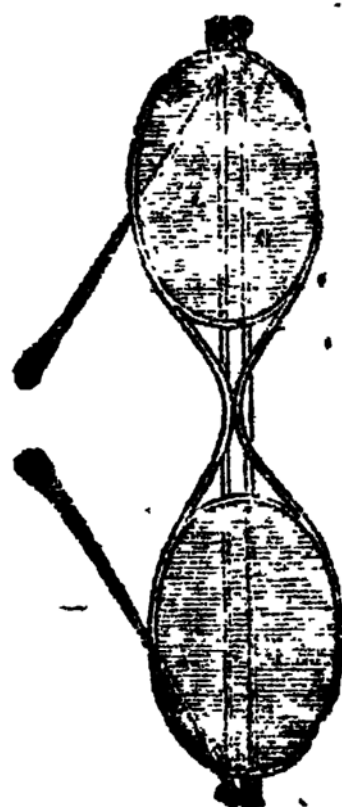
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মূল্য ২।০ টাকা, ডাকমাণ্ডল স্বতন্ত্র ।

গৃহস্থ এবং চিকিৎসকমাত্রেয়ই এই পুস্তক রাখা উচিত । ইহাতে নূতন ঔষধ সকল সন্নিবেশিত হইয়াছে এবং ঔষধ সকলের প্রভেদ ও অতি সরলভাবে ও সংক্ষেপে বর্ণিত হইয়াছে । অধিক কি, এই পুস্তকের সাহায্যে প্রায় সকল রোগেরই চিকিৎসা অতি সহজেই করা যায় ।

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knowledge of their employment constitute medicine."

—HAHNEMANN.

VOL. XXVII.] SEPTEMBER, 1918. [No. 9.

THERAPEUTICS OF DIABETES.

The general impression that diabetes melitus or glycosuria is an incurable disease and the large number of people that suffer from it and the peculiar dietetics recommended by the dominant school and the futility of their method of treatment, have all led me to write in detail about the many excellent remedies that we possess for combating this malady. People in this country take to the opium habit, because they find that it relieves the cares and anxieties of business to a certain extent at least for the time being. This, I think, also prevents a large number of people here from becoming diabetics, for it is a well-known fact that business men who have much worries and cares often become diabetics, particularly if they are good eaters. But the various preparations of opium that are lauded by our friends of the other school as

great panaceas for diabetes are worse than useless. The sugarless and starchless diet also has much to do with the mortality of diabetes.

Acid Phos—is perhaps the first remedy that suggests itself to our mind. The large quantity of urine passed and the frequent desire to urinate, and excessive debility are good indications for its use. But I think it to be of doubtful value in true diabetes.

Lycopodium—is perhaps the next remedy, but from actual experience I have found it to be far more useful. Passing of large quantities of urine, excessive flatulence, aggravation of all complaints in the afternoon (between 4-8 P. M.) and constipation are some of the leading characteristics of the drug.

Syzygium Jambolanum—is a remedy that I have found to be truly curative in this disease. I was led to use this remedy by observing the good effects of the black berries upon diabetics in this country. Diabetics consume large quantities of these berries in the summer here and seem to keep unusual good health during this time. Excessive thirst, bulimia, loss of flesh, burning sensation of the body and excessive loss of flesh are some of its indications.

Natrum Sulph—is useful if there is diarrhœa instead of constipation. It suits the hydrogenoid constitution of Grauvogle.

Arsenicum Album—is useful if there is excessive thirst but the patient drinks little and often. There is with it the characteristic burning and prostration. It is useful in cases that are too far gone. If diabetes

develops carbuncle, boil &c., Arsenic is of very great value in these cases.

Arsenicum Iodatum—is a remedy that I have found to be more useful than album. In chronic and inveterate cases I found it very useful, especially when heart is affected.

Cantharis—is useful if the patient passes urine frequently but in small quantities and there is much burning and strangury with it.

Digitalis—is a good remedy if the heart is also involved with it.

Kreasote—Rabe reported some good cures with it—particularly in cases where the eyes were affected and there were much drowsiness and tendency to impotency.

Lachesis—is a good remedy in very bad cases with dysuria and bulimia.

Nux vomica—is one of our good old remedies—Constipation, sedentary habits, morning aggravation, thirst and loss of appetite are some of its indications.

Opium—the great panacea, has not much use in our hands.

Phosphorus—is another good remedy.. It burns up the patient as it were. Constipation or passing stools unconsciously, rectum remaining wide open all the time. In fact all the tissues seem to have lost their power. Cataract often calls for this remedy.

Plumbum, Calcarea and Calcarea ars, Tarantula, Nux moschata, Sulphur, Sulphuric Acid, Kali Iod,

Mercurius sol and vivus, Podophylum, Nitric Acid, Carbo veg and Hepar sulph are some of the other remedies that I have used with benefit in this disease.

Diet.—Eating and drinking in moderation are all that I should enjoin upon the diabetic. I should, however, never think of stopping all sugar and starchy things for a man who has been used to high living. Major McCay's method of starving the patient until the sugar disappears from the urine, is not a bad idea ; for enjoining *Ekadashī* (একাদশী, the Hindu fasting day) to high livers often has a very salutary effect, but to stop all good food for all time, is worse than killing the man outright, for it is only killing by degrees.

J. N. M.

TUBERCULIN THERAPY.

HERBERT F. GAMMONS, M.D., Carlsbad, Texas.

Tuberculin is a term used to designate products of the tubercle bacillus. It was first used by Koch to describe his "Old Tuberculin," but all of the different products of the tubercle bacilli are designated under the common head tuberculin.

Among the many different tuberculin preparations are :—

a. Old Tuberculin (O. T. or A. T.). Pure culture of tubercle bacilli grown four to six weeks on bouillon, filtered, then evaporated to one-tenth of its original volume. The resultant fluid is dark brown, syrupy, and keeps indefinitely. It consists of a fifty per cent. glycerin extract of the soluble product of the tubercle bacilli.

b. Original Old Tuberculin (T. O. A.). This consists of

the original filtrate of the tubercle bouillon culture and varies from the old tuberculin in that it is not heated and reduced to one-tenth of its volume. Spengler and Denys made use of this tuberculin under the name "*Le Bouillon Filtre*."

c. The Aqueous Tuberculin of Maragliano (*Tuberculina Aquosa*). It contains all the water-soluble extracts of the living tubercle bacilli obtained on extraction of the living bacteria in distilled water followed by filtration.

d. New Tuberculin (T. R. *Tuberkulin Rückstand* or Residual Tuberculin). Cultures of young tubercle bacilli are thoroughly dried in vacuum and finely ground in mortars. The pulverized bacilli are agitated in distilled water and the turbid fluid is centrifugalized. The sediment thus obtained composes the T. R. or the bacillary residue. T. R. therefore contains the aqueous insoluble components of the tubercle bacilli while the soluble ones are retained in the opalescent supernatant fluid which Koch called T. O. (*Tuberkulin Oberschicht*).

e. New Tuberculin, Bacillus Emulsion or *Bacillen Emulsion* (B. E.) consists of T. R. and T. O. The living tubercle bacilli are first pulverized in a mortar and then suspended in salt solution. Centrifugalization is not necessary but sedimentation is required. Fifty per cent. of glycerin is added for preservation.

f. Watery extract of von Ruck. This is made by extracting with water the pulverized bodies of bacilli which have been previously washed free from culture fluid with water and then extracted with alcohol and ether for the purpose of removing fat.

g. Much's Tuberculin. Much and Deycke believed that the reason for the indifferent success obtained in the use of tuberculins lay in the composition of the tubercle bacilli, which is a complicated organism, and that the most of the

tuberculins were prepared without taking this fact into consideration and therefore proved unsuitable antigens for active immunization. After much experimental work they discovered that weak organic acids acting upon the tubercle bacillus will "unlock" but not dissolve the bacillary bodies. They employed lactic acid, and after the acid had been allowed to act upon the tubercle bacillus for a number of weeks the mixture could be divided into two parts by centrifugalization ; the soluble part of the tubercle bacillus was contained in the lactic acid and the residue consisted of the unlocked bacillus. The former was found to be toxic, comparable in many respects to Koch's old tuberculin, in that it produced death when injected into tuberculous guinea-pigs, but possessed no immunizing and therapeutic properties. The residue had however strong immunizing properties when injected in increasing doses into guinea-pigs and was non-toxic.

Bovine tuberculin, which is made from the bovine strain of the tubercle bacilli, seems to be less toxic than the human in some cases.

Different observers have made antigens out of the fatty capsule of the streptothrix and report some success in immunizing patients ; the theory of action being that it produces antibodies for the capsule of the tubercle bacillus which is not easily dissolved by the normal body fluids. After immunizing with this wax-like substance tuberculin has been used and good results reported.

Tuberculins have been sensitized, especially the B. E., by mixing with the serum of tuberculous animals and then separating the serum by centrifugalization.

The most widely used preparations are O. T. and B. E.

Tuberculin must not be considered as a cure for tuberculosis. The question arises whether it is at all possible to obtain active immunization by the injection of an antigen

in a condition where infection has already taken place and produced pathological changes. The answer to this is to be found in Koch's fundamental experiments, which constitute the starting-point of the entire tuberculin study.

If a normal guinea-pig is inoculated with tubercle bacilli the point of inoculation very soon closes. After ten or fourteen days there appears at the site of inoculation a small hard nodule which finally ulcerates. This shows no tendency to heal and remains so until the death of the animal. If, however, an already tuberculous guinea-pig is similarly inoculated, while the point of inoculation closes, no indurated nodule appears. Instead, a necrotic process of the skin sets in after the second day which finally terminates in the casting off of the slough and the formation of a flat ulceration that heals rapidly. It does not matter whether living or dead tubercle bacilli are used in the second injection.

The fact that while the majority of people become infected with tubercle bacilli sometime during their life, only a small number show symptoms referable to the disease and the rest undergo spontaneous cure is also very suggestive.

Koch further showed that the infection of tuberculous guinea-pigs with large amounts of tubercle bacilli produced rapid death, while frequently repeated small doses evinced favorable effects upon the site of the injection and the general condition of the animal.

In the employment of dead tubercle bacilli on man for therapeutic purposes serious difficulties were met. It was found that the inoculated dead bacilli were not absorbed but remained for a long time at the seat of the inoculation and instigated suppurative processes. If injected intravenously, formation of tubercles followed. Koch reasoned that these harmful effects were due to the non-absorbable parts of the bacilli, in the main the bacterial capsule. He therefore

attempted to extract the immunizing substance and in this way brought about tuberculin,

That tuberculin does not meet the requirements of an absolute cure is proved by the fact that an animal immunized against tuberculin will not be protected against a later infection of living bacilli. Therefore it cannot be expected that immunization of a tuberculous individual with old tuberculin will protect him against living tubercle bacilli.

Citron says : "When in an individual who has passed through a course of tuberculin treatment there are found fully virulent tubercle bacilli in the sputum, it is no proof that the tuberculin treatment has been inefficient. In fact there are strong possibilities that the tubercle bacilli have been transformed into saprophytic bacteria.*

By analogy it would seem that attempts to immunize patients with living tubercle bacilli would be warranted. Along this line Webb by repeated inoculations of gradually increasing doses of virulent tubercle bacilli has been able to inject as many as 150 000 living tubercle bacilli into a guinea-pig without harmful results, whereas in normal guinea-pigs as small a number as 20 will cause death if injected at one time. He has also by very careful methods injected up to four live tubercle bacilli into a healthy person without harmful results.

On examination of tuberculous organs of animals treated with tuberculin there will be found within the healthy tissues surrounding the focus a fresh inflammatory reaction. This consists of a serofibrinous exudate and a zone of leukocytes intruding to a certain extent upon the tuberculous lesion. Tuberculin acts only on tuberculous, not on necrotic tissue. Koch considered that the tuberculin brought about death of the tuberculous tissue.

* [The logic of this statement seems faulty. ED.]

Besides the factor of partial immunization, Wassermann, Bruck and Citron have shown that it is the focal reaction which is the beneficial result of tuberculin therapy. The hyperæmia produced leads to a destruction of tuberculous tissue ; there is a formation of connective tissue which encapsulates the focus and there is an associated local stimulation of antibodies.

There are three distinct periods in the history of tuberculin therapy. The first began when Koch made known his discovery of tuberculin in the year 1890. At this time the aim was to produce marked reactions and to continue the treatments until no further reactions were obtained. In lupus glandular and bone tuberculosis 10 mg. was the initial dose. In tuberculosis of the lungs 1 mg. was the beginning dose. Quite frequently 10 mg. was given to a strong person and rapidly increased. While Koch soon recognized that this severe treatment was only suitable for the incipient cases, very sick and far advanced cases were similarly treated by many physicians. Following such procedure decidedly unfavorable results were obtained in the advanced cases and the once highly praised remedy was entirely rejected.

During the second period only a few followers of Koch continued their studies. They, however, made it their business to investigate the causes which accounted for the unfavorable results in tuberculin therapy. The success of these later investigators brought about a revival of interest in this therapy, it was again taken up (third era) and in selected cases has been shown to be of decided benefit when given properly. While it was the aim in the early era of tuberculin therapy to produce strong reactions, it is now the general opinion that it is best to avoid reactions, especially elevation of temperature.

It is necessary to begin with small doses and if reactions

appear to wait for their subsidence and then repeat the dose. The dosage should not be reduced, as thereby instead of immunity hypersusceptibility is the result.* The higher the dilution the less likely is the occurrence of hypersusceptibility.*

Citron recommends B. E., and out of 205 patients treated at the sanatorium at Koltbin reports 23 cures 191 total improvements and 14 negative results.

Combe says, regarding his systematic treatment of children with tuberculin, "If the dose of tuberculin injected subcutaneously is adapted to the parenteral digesting powers of the babe the production of antibodies proceeds regularly and there is a general immunizing reaction in addition to a focal cicatrization reaction. If the dosage is excessive, then anaphylaxis instead of immunization is induced. He regulates the treatment by the 'Mantoux' endermic reaction. Ten years of use have given him good results in localized tuberculosis.

White says: "The choice of the selection tuberculins should be restricted to those which we know the most about and have proved efficient." He mentions in this class, old tuberculin, bouillon filtrate and bacillen emulsion.

White and Marcy report a case of a tuberculous man who developed a tuberculous ulcer of the tongue. The patient was going down hill very rapidly on account of not being able to eat; after four doses of tuberculin were injected into the base of the ulcer a complete healing took place.

Fonss reports the use of tuberculin in 76 cases of lupus, to locate the process.

Ellis and Gay treat tuberculous eyes by the instillation of bovine tuberculin, in different strengths, into the conjunctival

*[We are unaware of any valid experimental data to warrant these statements. ED.]

sac, and feel that the eye thus acquires permanently raised resistance.

Blumenau reports good results in incipient and occult tuberculosis in children by the use of tuberculin in the following manner. He applied a drop of pure tuberculin to the forearm and then shaved off a piece of skin through it; the tuberculin was rubbed into the skin until dry and after a definite interval the number of drops was increased gradually up to four.

Bertarelli after experimenting on himself with tuberculin and doing complement fixations, theorizes on the prophylactic treatment of exposed people with tuberculin.

Sieber reports 46 surgical tuberculous infections treated with tuberculin, 19 having been discharged well, 16 improved and 5 had been lost sight of.

Bonime gives good reasons indicating that more frequent and earlier use of tuberculin in renal infections is essential to to a more hopeful outlook for these conditions.

Cunningham believes that tuberculin should be used indefinitely after operating in genital tuberculosis in the male, as this immunizes the patient against fresh outbreaks of the disease.

Davidson reports results obtained from treating 50 advanced cases with new tuberculin, and while he does not claim to have cured a patient with tuberculin, still these patients have put on weight, cough and sputum have decreased and the general health has improved.

Ringer says tuberculin is contra-indicated in those already overloaded with toxins or showing a personal idiosyncrasy, and that a progressive regular dose with control of the tolerance of the patient is the only successful way to administer tuberculin.

Pottenger says: "The effect of tuberculin as studied in

the larynx has demonstrated to me beyond question the effect of the focal stimulation in the production of fibrosis." He further states that he has seen good results follow the use of tuberculin in tuberculosis of the tongue and that it should be used in tuberculous arthritis.

Bonney reports 102 cases treated with B. E. and says, "The ultimate results of the tuberculin therapy on the whole were more gratifying than had been expected."

Knopf says, "Whatever good results have been obtained with tuberculin must be ascribed to judicious selection of cases, to the careful administration of the product and the unusual care exercised in the avoidance of severe reactions."

Simon reports a series of cases treated with Much's tuberculin and feels better satisfied with the results obtained with this tuberculin than with any other.

Baldwin says, "If tuberculin treatment is tolerated well, symptomatic improvement should be looked for in from one to three months. If fever attacks continue, weight is stationary or lost and sputum increases, there is something wrong and treatment should be stopped. Should the reverse occur the treatment should be continued with occasional interruptions of one or two months for a year or even two years so long as improvement lasts.

Cornick protests against the use of tuberculins for immunization on account of the non-antigenic split protein content, as well as on account of increasing the amount of tuberculin already in the body.

In a personal communication, Dr. John B. Hawes, who has had a very wide experience in non-pulmonary as well as pulmonary tuberculosis, says: "In genito-urinary tuberculosis, I believe it to be a very potent factor for good (meaning tuberculin); in fact, I have a great many patients with bilateral renal tuberculosis or with one kidney removed and the remain-

der tuberculous, who, I believe, would not be alive were it not for tuberculin given regularly. In glandular tuberculosis it plays a part but by no means so large a part as it does in genito-urinary forms. In patients who are well nourished and strong and healthy in every way, who have had all possible foci or infection in teeth, tonsils, or elsewhere, removed, and who still have masses of tuberculous glands, I have seen tuberculin literally accomplish wonders and these glands melt away as if touched by a magician's wand. In puny, poorly nourished and anæmic children, or in adults too for that matter, tuberculin is of little use except as a psychotherapeutic agent. Surgery must still play a part in such cases, although this part will, I believe, be a more and more conservative one than in the past." Hawes further says : "My first and foremost criterion in regard to its use is that use must do no harm. In lung cases I do not use it at all, nor will I use it until I have a sanatorium of my own where my patients can be under constant supervision at all times. Under no other circumstances will I use tuberculin for treatment in pulmonary tuberculosis."

Hastings has seen two cases of laryngeal tuberculosis develop in patients treated with tuberculin. These cases did not, however, progress beyond the stage of infiltration. Eight cases in which B, F. and B. E. were used are reported in detail ; of these, five patients are living and three are dead.

In a personal communication, Dr. A. G. Shortle says : "After twelve years' experience with tuberculin, I am confident that a fair number of cases have been benefited by its use and I think practically none of them has been hurt, for I am above all else careful in the use of this agent."

Thompson protests against this agent in treatment on the grounds that the substance thrown off at the site of the tuberculous infection is tuberculin, and that it would not in

his opinion seem judicious to administer tuberculin when the system is already over-tuberculinized.

I had the privilege of examining a case at intervals who had, besides the pulmonary infection, an infection in the anterior cervical glands. This case was being treated by Sanborn of Boston with tuberculin and the result was surely as expressive as in those cases seen by Hawes. It is no exaggeration to say that the gland was swollen to the size of a large hen's egg and after a quite long treatment this tumor so diminished that it could hardly be felt.

I also saw a pulmonary case complicated with tuberculosis of the eye which Jack of Boston saw in consultation. With ordinary hygienic treatment and local applications, dilation and rest to the eye, Jack advised the use of bovine tuberculin. After a few months' treatment the eye condition was cured, the lungs improved, and I discontinued the tuberculin treatment. This case was treated while I was on service at the Rutland State Sanatorium in 1910, and is still doing well.

Lloyd has a series of 500 cases in which he has used tuberculin with a number of good results and practically no bad results.

During the last eight years I have treated over one hundred cases of tuberculosis with tuberculin. I used the Bacillen Emulsion and started with an initial dose as a rule of one one-millionth of a milligram and cautiously increased according to the symptoms of the case, giving the treatments twice a week and continuing for as long as two years in some cases.

In some of my cases there was a marked improvement and in others no improvement was manifest. A few cases were complicated by tuberculous adenitis and these cases improved slightly. There were a few cases with slight lung involvement but apparently very poor resistance, and these showed good

improvement. One very remarkable case was that of a young man who entered my service at the Rutland State Sanatorium weighing 75 pounds and who had an appendix which had ruptured before operation and which showed tubercle bacilli in the discharge. This case was advanced on admission and his life was despaired of ; he was treated with tuberculin and left the institution an arrested case, weighing 150 pounds, and the appendiceal sinus was thoroughly healed.

I recently treated a case which had received a maximum dose of tuberculin (Koch's Old) of 46 milligrams under the direction of the late Dr. David Butler. This case showed toxic symptoms and a renewal of the inflammation in the lungs.

DISCUSSION.

If we accept Weigert's and Ehrlich's theories, tuberculin is a logical treatment for tuberculous infections, providing the reactivity of the patient has not been overcome by a profound poisoning from his own lesion.

We realize that the artificial production of tuberculin by growing the bacilli as saprophytes gives us a tuberculin which is very much different in its antigenic properties from the tuberculin thrown off at the site of the lesion in the body. Consequently an effort to treat tuberculosis with living bacilli would be logical if we can overcome the dangers of such treatments.

If we can judge correctly from different reports, tuberculin treatments are more efficacious in glandular, bone or localized tuberculous infections, than in pulmonary tuberculosis ; this may be due to the fact that mobilized antibodies are less able to penetrate the pulmonary lesions.

CONCLUSIONS.

1. Tuberculin should not be given to patients with pulmonary tuberculosis by the general practitioner.

2. All other methods of treatment should be tried before the patient is given tuberculin.

3. The patient taking tuberculin should be under absolute supervision and preferably in a sanatorium.

4. Graduated exercise will probably autoinoculate with a tuberculin of more suitable antigenic properties than could be obtained by artificial tuberculin administrations.

5. The tuberculin to be preferred is the one which contains both exotoxins and endotoxins.

6. The initial dose should be very small and the increase in dose and the length of time of treatment are factors to be governed by the course of the case.*

— *The New England Medical Gazette.*

SULPHUR.

(Continued from page 192, No. 8, Vol. XXVII.)

The flushes are often associated with palpitation and sweating and Sulphur patients always feel too hot. They want windows open and all the air they can get. Particularly at night (another great time of aggravation for Sulphur symptoms) they are apt to find the bed-clothes a burden. To toss the clothes off or put the feet out into the air is a habit that children (and others) often acquire when they thus feel the heat, and it is a good broad hint to the homeopathist for Sulphur. Heat and burning are sensations that come out again and again with this drug both generally and locally. In the skin, itching goes with the burning, and is markedly worse for the warmth of the bed. Indeed the

*The details of tuberculin treatment are thoroughly reviewed by Hamman and Wollman: *Tuberculin in Diagnosis and Treatment*. Appleton, N. Y., 1912.

generally needs warmth, and hates cold of any kind. With the pain goes the characteristic of burning : the tendency of Sulphur to develop acne spots shows well in the face and the symptoms are < from application of water, and generally < noon and midnight. Sometimes with the head very hot the feet are cold in spite of the general tendency of Sulphur patients to have hot burning feet and hands. The eyes, at any rate the superficial structures of the eye, are much affected by Sulphur. The usual burning and itching sensations are accompanied by marked conjunctival redness and catarrh. There are feelings of dryness and of grit in the eye and later increase in secretion, though Sulphur is not one of the drugs that produce very profuse secretion, as for instance *Pulsatilla* does. Vision becomes dim from the congestion of the surface rather than from affection of the deeper structures. Broadly speaking, Sulphur finds its place particularly in recurrent conjunctivitis of unhealthy children under suspicion of tubercular or syphilitic infection. Cases that do well for a time and relapse are here as elsewhere frequently indebted to the drug for a fresh start towards recovery.

Much the same may be said for the value of Sulphur in chronic ear and nose catarrhs. It is especially useful in deafness following chronic middle ear disease and in the nasal conditions where there is no polypus formation or much mechanical obstruction, but a constant infection with frequent exacerbations, no great amount of discharge but considerable discomfort. Sensations of itching and burning will, as usual, be present, and the nostrils are characteristically red in the Sulphur case. Apart from these cases, when flushes are accompanied by tinnitus, Sulphur often relieves the second symptom as well as the first. More acute cases of otitis in characteristic Sulphur subjects react well to it, but the choice is likely to be made more on the general than the local

general administration of Sulphur would empty the casual wards of the workhouse, but does mean that many of the people who inevitably drift there are of a physical constitution which would find in Sulphur a remedy for many troubles to which they are liable.

Patients who need Sulphur often seem stupid and dull. They avoid conversation, take no trouble to answer questions or show any obvious interest even in their own symptoms (though, in fact, they do note these carefully), but the stupidity is much more apparent than real, it is mental indolence and not lack of intelligence that produces the impression. Calcarea subjects on the other hand are often earnest and well meaning but really mentally slow and inactive. A Sulphur subject would always rather dream or brood (it is flattery to call their broodings meditations, they are too lazy really to think), than do anything else. It is not wonderful therefore that they are often melancholy, inclined to self pity and hypochondriasis, but it is an inert condition with little anger or pride or impulse in it. Sometimes the day dreams go on to illusions, Alnaschar visions that produce a foolish kind of happiness. Children who tend to day-dreaming are frequently much helped by Sulphur.

Sulphur affects the head in all regions, forehead, vertex, and occiput, perhaps most characteristically the vertex. The headaches are associated with the flushes generally. They are often periodical, returning every week or month. In spite of the general desire of Sulphur patients for fresh air, the headaches (especially if one sided sick headaches) are often < fresh air and > warm room. The head is hot and flushed and probably the brain congestion is relieved by the warm atmosphere that draws more blood to the surface. Exactly the opposite phenomenon is characteristic of *Arsenicum* where the headaches are > fresh air though the patient

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test the case with lower potencies, 3, 6 or 12 or the tincture, and only give higher potencies as the success of the lower warrants. Characteristic symptoms, that suggest it in chest disorders are :—great desire for air especially at night : suffocation, oppression and burning sensations in the chest ; stitching pains shooting through to the back, < when lying on the back or breathing deeply ; flushes of heat in the chest rising to the head and face.

In all chronic affections of joints, fasciae and fibrous tissues, sulphur springs have a reputation which Homeopathy confirms and extends. The choice again is largely dependent on the presence of the general symptoms so often quoted, but especially notable are burning in feet and hands, aggravation from bathing, stiffness and cracking of joints, pain in the back (felt especially on rising after sitting), and cramps generally. The drug will help osteo-arthritis, old tubercular or syphilitic or gonorrhœal joints or chronic rheumatism when the symptoms correspond.

The skin is greatly influenced by Sulphur. The hair falls and fingers and toes and the surface generally tends to be dry, though local and partial sweatings (arm pits, genitals, etc.) are frequent and generally offensive and after a flushing there is often sweating. The condition is rather of irregular sweating, the skin too dry generally but with excessive local or temporary perspiration. Burning and itching are prominent, relieved by scratching : vesicles and pustules readily form, and the skin grows rough, scaly and sore, made worse by washing as to sensation. There may be great itching with little to show for it but erythema : pigment is deposited readily. Sulphur appears to lower the resistance to staphylococcal infection (this has been experimentally proved for *Calc. sulphide* —[(*Hepar Sulph.*) which cf.] so that pustules and boils appear in the provers, and correspondingly medicinal doses raise

up and complete the process of recovery from acute diseases is very marked. Occasionally when the general symptoms calling for it are very clear it will control a case of pneumonia effectively from the beginning, but more often its sphere is after the crisis, if resolution is for any reason delayed. Perhaps it is more often needed in lobar than in broncho-pneumonia, but many cases of chronic bronchitis benefit by a course of it, and similarly chronic pleurisy, or chronic laryngitis, will frequently be helped. Sulphur symptoms are particularly likely to appear when the fear of tuberculosis is threatening to the physician, and even when the disease is unmistakably present the drug will sometimes seem to arrest the progress of it. But in tuberculosis a word of caution is required. The arrest of pulmonary tubercle requires the effective mobilisation of forces of resistance at a reasonably early stage. If for any reason this is not achieved naturally or artificially, the disease often becomes chronic and thereafter smoulders away with occasional exacerbations that permit, in favourable cases, of great palliation, and of the leading of quite useful lives, but are rarely properly arrested. Sulphur is invaluable in helping to mobilise the resistance forces, and in early or threatening tuberculosis will often clear up a case admirably, but sometimes the disease has a stronger hold of longer duration than physical signs suggest. Sulphur administered to cases wherein resistance has been attempted without much success, often leads to a violent reaction, such as used to be seen after big doses of *Tuberculin*, and as in some of those cases, the final result is to weaken the patient and leave the situation worse not better. Unless the physician is convinced that the powers of resistance are good and the disease early, Sulphur in any potency above the thirtieth should be given with some caution. When there is any doubt, it is well to

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স্ট্রীটে, ১১১ নং কর্নওয়ালিস স্ট্রীটে, এবং ২০১ নং কর্নওয়ালিস স্ট্রীটে, বেঙ্গল

মেডিকেল লাইব্রেরীতে পাওয়া যায় ।

[নূতন হোমিওপ্যাথিক পুস্তক ।]

হোমিওপেথিক চিকিৎসা-সার ।

মূল্য ২।০ টাকা, ডাকমাশুল স্বতন্ত্র ।

গৃহস্থ এবং চিকিৎসকমাত্রেয়ই এই পুস্তক রাখা উচিত । ইহাতে নূতন ঔষধ সকল সন্নিবেশিত হইয়াছে এবং ঔষধ সকলের প্রভেদ ও অতি সরলভাবে ও সংক্ষেপে বর্ণিত হইয়াছে । অধিক কি, এই পুস্তকের সাহায্যে প্রায় সকল রোগেরই চিকিৎসা অতি সহজেই করা যায় ।

কলেরা বা

ওলাউঠা-চিকিৎসা ।

এই পুস্তকে ওলাউঠার ইতিহাস, রোগতত্ত্ব, চিকিৎসা, পথ্যাদির নিয়ম প্রভৃতি সকল বিষয়ই বিস্তৃত ভাবে ও সরল ভাষায় লিখিত হইয়াছে ; এবং ডাক্তার বিহারিলাল ভাট্টা, প্রতাপচন্দ্র মজুমদার ও জিতেন্দ্রনাথ মজুমদার মহাশয়দিগের অভিজ্ঞতা ও সন্নিবেশিত হইয়াছে । কয়েকটি রোগীর চিকিৎসা-বিবরণ দিয়া ঔষধ সকলের ব্যবহার বুঝিবার পক্ষে বিশেষ সুবিধা ও করিমা দেওয়া হইয়াছে ।

মূল্য ২।০ টাকা, ডাকমাশুল স্বতন্ত্র ।

পুস্তক দুইখানি কলিকাতা, ২০৩১ নং কর্ণওয়ালিস স্ট্রীটে প্রাপ্য ।

হ্যানিম্যান

হোমিওপ্যাথিক বাঙ্গালা মাসিক পত্র ।

১২৯১, বহুবাজার ষ্ট্রীট, কলিকাতা ।

বার্ষিক মূল্য—সডাক ২৫০ মাত্র অগ্রিম দেয় ।

সম্পাদক—ডাঃ আর, আর, ঘোষ, এম, বি, (রিটার্ড এসিটান্ট সার্জন) ।

কলিকাতার খ্যাতনামা হোমিওপ্যাথিক চিকিৎসকগণ কর্তৃক পবিচালিত ।

'হ্যানিমানে'ব অর্গান ও কন্টেব হোমি-ফিলজফির সবল বঙ্গানুবাদ, ভৈষজ্যবিজ্ঞান, চিকিৎসিত বোগীব পুঙ্খানুপুঙ্খ বিবরণ ও প্রমোদ্যব সাহায্যে মক্ষ্মলের চিকিৎসক, গৃহস্থ ও শিক্ষার্থীগণের সন্দেহ ভঞ্জন করিয়া সহজ ভাবে হোমিওপ্যাথি শিক্ষা দেওয়া হয় । একরূপ মাসিক পত্র এই নূতন এবং সর্বত্র সমাদৃত । আজই গ্রাহকশ্রেণীভুক্ত হউন ।

বি, সি. ধর এণ্ড ব্রাদার্স ।

বিশুদ্ধ আমেরিকান হোমিওপ্যাথিক ঔষধালয় ।

৮১নং ক্লাইভ ষ্ট্রীট,—কলিকাতা ।

টিউব শিশিতে ড্রাম /১০ ও /১৫ পয়সা ।

আমরা আমেরিকার বিখ্যাত “বরিক এণ্ড টেফেলের” নিকট হইতে বিশুদ্ধ হোমিওপ্যাথিক ঔষধ, শিশি, কর্ক, গ্লোবিউলস, সুগার অব মিক ও পুস্তক ইত্যাদি প্রচুর পরিমাণে আমদানি করিয়া বাজার অপেক্ষা সুলভ মূল্যে বিক্রয় করিতেছি । ইহা ব্যতীত বাঙ্গালা পুস্তক, কার্গজের কেশ, কাঠের কেশ, ধারমোমিটার, পিচকারী ও চিকিৎসা সম্বন্ধীয় ঘাবতীর দ্রব্যাদি অধিক পরিমাণে উৎকৃষ্ট মূল্যে রাখিয়া সম্ভাব্যে বিক্রয় করিতেছি ।

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EDITED BY

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"The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine."

—HAHNEMANN.

VOL. XXVII.] OCTOBER, 1918. [NO. 10.

ANGINA PECTORIS.

This is properly speaking a neurosis like hysteria, colic &c. It has, therefore, been called stenocardia. But it is often associated with other organic diseases, such as vulvular troubles and fatty degeneration. It is pre-eminently a disease of business people who eat well, have much business worry, always trying to rush things, but have little manual exercise.

Homeopathic remedies are of great value in this disease.

Argentum met.—is a remedy that I have used with marked good effect. It seems to allay the irritation and take away the pain instantly.

Lycopodium—Although a right-sided remedy, it seems to have very good effect, particularly if there is flatulence and other dyspeptic symptoms with it.

Lachesis is another good remedy. Aggravation

after sleep and the tight and uncomfortable feeling all over the body are the guiding symptoms.

Nux vomica is useful for people with sedentary habits and constipation.

Kali carb is good if there is cough with it and there is the characteristic stitching pain with it.

Laurocerasus and *Carbo veg.* are remedies to be thought of in very bad cases.

Sambucus is good if the difficulty of breathing and pain are particularly worse in the latter part of the night.

Belladonna—It is used if there is much palpitation and throbbing of the vessels.

Amyl nit.—is of little value in the homeopathic school.

Arsenic, *Cactus*, *Lobelia*, and *Cuprum* are some of the other good remedies.

Adonis ver and *Cratægus* I use and sometimes with great benefit, particularly in cases where there is organic mischief.

I am writing about these organic and serious maladies, because there is a general impression that these diseases are incurable. I emphatically declare that with proper homeopathic treatment many of these cases are completely cured.

J. N. M.

SULPHUR.

(Continued from page 216, No 9., Vol. XXVII.)

Finally, Sulphur is often a remedy for sleeplessness, when the patient tosses unrestfully, with constant and disquieting sense of heat and burning. Patients often wake at 3 a. m. as with Nux vom. and cannot sleep again. There is a general aggravation of symptoms at night with Sulphur.

Sulphur on the whole is most successfully used in high potencies infrequently repeated. But *short* courses of the drug in tincture or low potency act sometimes very well. It is pre-eminently the chronic counterpart of Aconite, and whenever a case has done well up to a point on Aconite, Sulphur will take up the torch and carry it on. It follows Bryonia excellently, and Mercury and Calcaria follow Sulphur well, but the reverse is not true. Sulphur seems sometimes to act in a complementary way to both Pulsatilla and Nux vomica and as a matter of fact there are few remedies whose action it disturbs and many whose power it will seem to enhance.

INDEX OF SYMPTOMS.

General Symptoms : Great exhaustion and speedy fatigue : lassitude and muscular weakness : stooping gait : < muscular exertion especially standing : symptom generally < hot rooms and heat generally : frequent sensations of heat and burning : rushes of blood to head and other parts ; < bathing and wet applications ? < night : < 11 a. m.

Mental Symptoms : Melancholy and disinclination for mental work : Egoistic day-dreaming : laziness and peevishness : memory weak for recent events : flow of vague ideas but no capacity to concentrate.

Head Symptoms : Rushes of blood to head : vertex heat and burning pain : confusion and vertigo < after a meal <

motion : fullness, pressure and heaviness in head : throbbing pain : periodical headaches : hair falls ; scalp dry.

Special Senses : Chronic inflammation of mucous membranes with itching and burning : eyelids feel dry and painful : some increase of secretions often smelling unpleasant.

Alimentary Canal Symptoms : Lips red : mouth dry and burning : vesicles or aphthæ in mouth, tongue dry, rough, and coated white with edges and tip often clean : unpleasant taste in mouth : throat dry, sore, burning : anorexia : craving for sweets or *intense* dislike of them : craving for alcohol : heartburn : eructations or pyrosis : much flatulence gastric and intestinal : nausea : marked sinking, empty sensations especially at 4 1/2 a. m. : pains in abdomen : portal stasis (hæmorrhoids, etc.) : constipation with hard, dry stools : anus red and sore : diarrhœa especially about 5 to 6 a. m. Burning and itching at anus : mucus and blood in stools.

Genito-Urinary Symptoms : Enuresis : Increased urine : old inflammations : prostatitis : urethra and vagina red and sore, itching and burning : sweating about external genitals : menses generally scanty : climacteric symptoms, flushes, palpitation, etc.

Respiratory Symptoms : Catarrhs, larynx and bronchi : cough dry or scanty secretion : asthma : stitching pains in chest : sensations of heat and burning : pulsations in chest : symptoms suggesting those of incipient tuberculosis.

Locomotor Symptoms : Chronic joint symptoms : stiffness, pain, swelling : joints crack : cramps < night : feet and hands burn.

Skin Symptoms : Skin dry and scaly : hair falling : itching and burning : pustular eruptions : furunculosis : pigmentation : symptoms < washing.

—The Homeopathic World.

LYCOPODIUM.

Lycopodium clavatum (Club Moss) Trituration of Spores or, Ethereal Tincture of Spores.

The spores of *Lycopodium* when collected form a light dry powder, which is used as a coating to pills and a dusting powder for excoriated surfaces, and is generally held to be quite inert. A century or so ago it had a regular place in medicine, being prized for certain conditions which suggest that an unconscious Homeopathy had found its way into the uses of it. Hahnemann found it in use and by his method of trituration quickly made it one of the most valuable of all remedies. Within the outer coating of the spore is an oily layer wherein seem to reside most of the medicinal virtues of the drug and trituration by rupturing the spore sets this free. Ether will extract the oil and an ethereal tincture is therefore another method of pharmacy : but there are also mineral salts in the spores which are included in the trituration, and it is probable that they count for something in the pathogenesis. Particularly prominent are the elements *Silica* and *Aluminium* and resemblances to the symptoms of the first named are significant in the provings. The use therefore of trituration seems desirable for lower potencies and tinctures (colloidal solutions) or triturations for the higher ones.

Lycopodium is very highly valued in chronic diseases, being chosen very largely on general

constitutional symptoms, but it has also a very marked relation to the alimentary canal and the liver, and is frequently indicated in disorders of this tract by the local symptoms. It will be well, however, to master first the general characteristics and peculiar symptoms. They are so definite that *Lycopodium* is one of the drugs most readily selected on a homœopathic basis.

It is particularly well adapted to patients in whom the mental powers have, as it were, outrun the physical, where the intellectual faculties and interests count for much, but the bodily strength is deficient, the muscles weak and the fundamental processes (digestion, excretion, etc.) apt to be faulty. This relation of drug to patient is true at any age: precocious, weakly children respond to it wonderfully. Dr. Kent instances Paul Dombey as a *Lycopodium* subject, and that is a convenient instance to fix the type in the mind. Older people become mistrustful of themselves and of others, hypochondrical, complaining (often with reason) of failing memory and slowness of mental re-action, and this generally when they have been accustomed to consider their brain power above the average. The physical strength is nearly always below the average also, but usually the complaint is of failure of mental powers, for the typical candidate for *Lycopodium* has probably never rejoiced much in bodily activity or cared for athletics. He is a brooding, sedentary person, mentally absorbed, physically indifferent. *Lycopodium* has been called the "miser's" remedy: the hint is valuable if interpreted to mean

(as it does) that the saving and meanness come out of a real gnawing anxiety for the future and undue sense of responsibility. It is not so much love of money as such, but anxiety as to the possible lack of all that money means for the individual and his dependants, that make up the "miserliness" that calls for Lycopodium. This sense of responsibility developed into a positive burden to life is characteristically shown also in a constant fear of breaking down under stress (*e. g.*, the barrister fears he will lose the thread of argument in court), a fear which is constantly falsified, but nevertheless persists. This symptom is very marked under *Silica* and possibly the *Silica* in Lycopodium shows its effect in this characteristic.

A good deal of depression and of irritability is likely to accompany a condition calling for Lycopodium. Under-nourished states, especially those due to chronic dyspepsia or threatening tubercle or congenital syphilis will often suggest its use. The skin is often dry and re-acts poorly, the hair falls readily : vasomotor disturbances (flushings and sensations of sinking and emptiness) are common especially at the characteristic time of aggravation of Lycopodium, to be presently noted, and with them a consciousness of pulsation of arteries that has led to some special uses of the drug.

Among the general symptoms there are some very characteristic and easily recognised. Thus symptoms are worse from 4 p. m. to 8 p. m. (occasionally the aggravation endures longer, commencing at about

5 p.m.) : if the disease is characterised by paroxysms (e.g., asthma, neuralgia, etc.), the worst attacks will fall into this part of the twenty-four hours. Times of aggravation point generally to an alteration of the normal rhythm of life. In health there is a curve of the general vital activities which has a relatively constant maximum and minimum : in disease this curve is apt to be altered (the inverse type of temperature in tuberculosis is familiar) and alterations of rhythm, if shown by fairly constant times of aggravation and amelioration, have great value as general symptoms. The *Lycopodium* symptom is rather an intensification of the normal rhythm than an alternation of it, but is very characteristic. *Hellebore* is the only drug that shows the symptom in so marked a degree (for the twilight aggravation of *Pulsatilla* and *Phosphorus* seems rather a reaction of the mind,) and whenever it is clearly marked it should always bring thought of *Lycopodium* to the mind of the prescriber, as *Lycopodium* is a drug of much greater range of action than *Hellebore*. Typically (though variations occur frequently), the aggravation begins at 4 p. m., continues till 6 p.m., then tends to lessen till 8 p. m. After this it may disappear or begin again after a period of amelioration.

The symptoms of pain, etc., that indicate *Lycopodium* characteristically begin on the right side and then travel to the left. Drugs that notably influence the liver, as *Lycopodium* does, have always a certain "right-sidedness" in the incidence of their symptom, a

predominance of right-sided aches and pains and inflammations. It is difficult to explain the phenomenon: but it certainly comes out clearly in drug provings and equally is often prominent in disease, and the homeopathist finds it when well-marked (and no symptom is of much value unless well marked), a good indication of his choice of remedy. With Lycopodium it might show as a tonsillitis, beginning in the right tonsil and then attacking the left, or it may be a headache or pain in the ovarian region, but if the symptom takes the direction right to left, that is so far an indication for Lycopodium. Lycopodium is a complementary drug to Lachesis, often completing a cure which Lachesis has begun, and with Lachesis the direction of symptoms is the exact opposite, being left to right, and Lachesis symptoms are as predominantly left-sided as Lycopodium symptoms are right-sided.

Relief to pain and discomfort from uncovering is a Lycopodium symptom. Thus in headache to remove the hat relieves, in abdominal pain the clothing is loosened. It is not only a desire for cool air to the head (although the candidate for the drug prefers the open air, is better out of doors and worse in a stuffy atmosphere), but also a dislike of pressure that is thus exemplified. It is interesting to note in view of the presence of Silica in Lycopodium, and the hint above mentioned that Silica makes its presence felt in some symptoms, that the headache of Silica is relieved by wrapping up the head warmly, the exact reverse of the

condition sought for when Lycopodium is the indicated remedy.

Although open air and general coolness are preferred, any abdominal pains and discomfort are aggravated by cold food and drink and relieved by swallowing warm things. Phosphorus patients are chilly in type but their gastric symptoms lead them to desire cold food : Lycopodium patients are of a warm blooded type but suffer from cold food. It should be added that with Lycopodium patients the aggravation from cold food and relief from warm extend also to headache or sore throat. Two curious Lycopodium symptoms may be noted here : the first is the frequency of to and fro movements of the alæ nasi in patients requiring it. These are not (as has mistakenly been maintained) the movements of dyspnœa : they are not synchronous with respiration, but are of the nature of twitchings, occurring with some rapidity. Spasm is not infrequent when Lycopodium is required, spasm for instance of the tongue and of the facial muscles, movements of the head, constriction of the throat (Globus). The other curious symptom is that the right foot may be hot and the left foot cold. Much derision has been poured on this statement, and it has been attributed to thrombosis of one side and so explained away : but it is a subjective symptom which unquestionably occurs every now and then in chronic disease, quite independent of any blocking of circulation. Its explanation is impossible at this stage of knowledge, but without a doubt it depends on some

definite pathology, and there is ample evidence that on the (not very frequent) occasions when it is complained of it is an excellent indication for Lycopodium.

Other general symptoms are restlessness leading to desire to move about which generally removes pain, as with *Rhus tox.* : dryness of the skin, especially of palms of the hands, dryness of mucous membranes, falling of the hair. The fear and apprehensiveness noted among the mental characteristics are apt to have a profound effect on symptoms affecting the body (*e. g.*, gastric and liver symptoms) making the drug suitable for obviously hypochondriacal persons : crossness and irritability are frequent concomitants of these groups of symptoms, and form in themselves additional indications for Lycopodium.

Apart from general characteristics Lycopodium has a very definite relation to diseases of the alimentary tract. When it is needed there will generally be several present of the general symptoms already noted (such as the time aggravation) but in addition there are characteristic local symptoms which indicate a catarrh, chiefly of stomach and duodenum with extension to the bile ducts. The tongue is usually coated and characteristically dry, saliva being tough and scanty : there may be cramps or spasms of tongue muscles (the movements of the *alæ nasi* have been already described) : the throat is sore and dry : ulceration or tonsillitis (diphtheria will react well to Lycopodium if the general symptoms of it are well-marked), will be on the right side with a tendency to spread to

the left. The appetite is capricious, being sometimes lost and sometimes excessive : characteristic is hunger with sudden satiety after a mouthful or two. A sour taste in the mouth, nausea with sour risings, a general tendency to acidity is noted. Craving for sweet things is common and aversion from oysters. Patients who are labelled "gouty" are often candidates for *Lycopodium*. Without doubt there are several disorders of incomplete metabolism confounded often under one heading of gout, and each with its own particular excess of this or that waste product. There is a metabolic disorder of the vegetarian, as well as of the meat eater, and other cases may incline predominantly to one type or the other. *Lycopodium* seems generally more suitable to patients who eat little (or may even dislike) meat : they are liable to pass an excess of oxalates in the urine, though the characteristic excretion of *Lycopodium* contains also urates in quantity, precipitated as a "red sand" Nausea, vomiting, water-brash and gastric pain > heat locally, all testify to the involvement of the stomach. Flatulence is a very marked symptom of the remedy, but affects the bowels more than the stomach and is passed more by the anus. The result of the fermentation and distension is a sense of acute discomfort felt especially in the right hypochondrium and leading to a characteristic desire to loosen the clothing or be intolerant of any pressure. The liver may be felt enlarged and the patient may be jaundiced : the drug seems to have power to cause catarrh of the

bile ducts and as this is a precedent condition to gall-stone formation, *Lycopodium* may be useful in that disease, in the intervals between attacks. Cramping pains point to irregular peristalsis and rumbling and gurgling to the fermentative quality of the disturbed digestion. The patients are usually constipated. As with alumina and Silica (both of which are prominent among the mineral components of *Lycopodium*) the constipation arises from an inertia of the bowel, the motions are only passed with considerable straining hæmorrhoids are common, and there is often pain and bleeding from evacuation. The constipation of infants is often much helped by *Lycopodium*.

All these abdominal and alimentary canal symptoms are to be read as the signs of a general failure of the tract to function normally with consequent incomplete metabolism. Invariably with such cases, symptoms (conveniently though summarily labelled as "toxic") are apt to occur, such as headaches, neuralgias of this or that nerve, joint pains and chronic swelling, to say nothing of mental symptoms such as have been already described, which lead to a diagnosis of "neurasthenia" or "hypochondriasis." Sometimes these (really) subsidiary symptoms are, more prominent than the alimentary canal symptoms and mask them, but whenever they are such as to call for *Lycopodium* they will have some of the characteristic features of the drug. The pains will be worse from 4 p. m. to 8 p. m., the headache will be relieved by open air and made worse by pressure (as of the hat), the sciatica will

be worse from pressure (lying on the affected side) and so on. The symptom complex is to be read as a whole, but if the abdominal symptoms are clear and are recognised early, then *Lycopodium* will clear up the case, and these later evidences of uncured trouble will not appear.

Joint pains are often accompanied by cramps and spasms of muscles. External heat generally relieves the pain, so as a rule does movement. Wasting of muscles is common (*Lycopodium* patients are often emaciated), less from organic nerve disease than from general malnutrition and inability or unwillingness to exercise. The skin is not very characteristically affected by *Lycopodium*. Urticarial eruptions are perhaps the most generally seen, though chronic ulcers, if *Lycopodium* symptoms are present, do well on it. The dryness of the skin, especially of the palms, should be remembered.

In the genito-urinary sphere the drug is often called for. There is some evidence that it affects the prostate gland and chronic disorders of that organ may be benefited : (*Baryta* and *Digitalis* are more often helpful in enlarged prostate than any other remedies). Especially is *Lycopodium* valuable in premature or temporary loss of sexual power either following masturbation or excess. Characteristic is sexual desire without sexual power. Gleet remaining after gonorrhoea is often helped by it. In the female the periods are irregular, apt to be excessive (though not always) and there is generally increase of desire and local burning and itching.

The urine is increased in quantity, clear, on being passed but depositing urates freely. Oxalates are often in excess. The urine is generally markedly acid and thus causes pain on urination in sensitive subjects. Renal calculus and gravel may be helped by Lycopodium.

The air passages and respiratory organs are (next to the alimentary canal) an important site of action of this drug. The voice is apt to be husky rather from tracheitis than from laryngitis: the cough is typically obstinate, dry and tickling, but there is also a condition met with in late phthisis or bronchiectasis that is helped by Lycopodium where the sputum is copious and purulent. It has great value in chronic lung affections, tubercular or pneumococcal, when any of the general symptoms are present: but the evidence seems to point to its power being exerted less against tubercle specifically and more against the secondary infections (catarrhalis, streptococcus, &c.) that so often are added to tubercle. The dry cough which it benefits is more likely to be pneumococcic or influenzal than early tubercular, and for chronic pneumococcal cases (pneumonias that resolve badly) it has great power. Chronic nasal catarrhs (catarrhalis, pneumococcus) will often benefit. There is noted often a tendency to slight capillary bleeding (not the big hæmorrhages of tubercle, but the oozing of surfaces) and the taste of blood in the mouth is often complained of. Asthma is often relieved by Lycopodium (cf. its relation to gout will be remembered and the time of the paroxysm frequently gives the indication).

As regards the heart, pain, palpitation and anxiety are often complained of, but they appear to be secondary to the metabolic disorders, and not due to primary heart lesions. Nevertheless if they are notably caused or aggravated by abdominal flatulent distension *Lycopodium* should not be forgotten. More important however is the effect of the drug in producing a great increase in consciousness of arterial pulsations, throbbing of arteries anywhere, and arterial excitement. This symptom has led to the use of *Lycopodium* for inoperable aneurism, and so much success has followed it, at any rate as a reliever of symptoms, that it is difficult not to credit the drug with some influence on arterial tissues. Remembering its relation to alimentary "toxæmias," and how often gout in all its forms affects arterial degeneration, it is probably from this side of its powers that *Lycopodium* achieves any results : it is in any case well worth remembering, competing in this disease with Barium and Adrenalin. In Graves' disease if the vascular symptoms are prominent, *Lycopodium* has a place, though perhaps *Natrum muriaticum* is here more often called for and *Belladonna* for the ready relief of symptoms.

Lycopodium patients often sleep badly, as the four to eight aggravation may be continued through the early night or conduce to restlessness. In febrile cases the time aggravation should be marked if *Lycopodium* is indicated.

It is not too much to say that the physician who learns to use *Lycopodium* has at his disposal a most

potent remedy for many chronic disorders, especially those common to civilised communities, and the classes who use nervous tissue rather than muscular. High potencies and infrequent repetition give the best results, but diseases of the alimentary canal will often be helped by low and medium potencies at any rate for a time.

The drug follows Sulphur well. When joint and limb symptoms are prominent it frequently takes up and completes the work of Rhus. Iodine and especially Chelidonium are complimentary to it in action. If Lycopodium seems indicated, yet fails, the case will often respond to Chelidonium and *vice versa*. Graphites, too, especially in its abdominal symptoms, is a drug to be remembered in its helpful relation to Lycopodium.

—*The Homeopathic World.*

Materia Medica Notes.

Hippozænin—is a nosode—Glanderine and farcine. It is a useful remedy in chronic ozæna. Swelling and redness of nose and adjacent parts with severe pain. These are, symptoms of acute ozæna. Obstinate catarrh. It is to be used not in ordinary simple catarrh for which there are many medicines in Homeopathy, but in malignant cases.

I had a case in a young man whose catarrh I could not cure with ordinary medicines for a long time. *Hippozænin* cured the case.

Dr. Wilkinson cured some cases of diphtheria with this medicine. Suffocation from diphtheritis in mouth and nose, ulceration in buccal cavity present.

I have used this medicine, in boils and carbuncles, all of a malignant nature. In the case of a young man of robust constitution, number of abscesses were found in various parts of body, some of them oozing out sanious and offensive pus. Failing with other medicines I gave him Hippoz. 1m one dose a week. In three months he got rid of the existing abscesses and no new ones appeared after that.

A friend and patient of mine lost his valuable life from multiple abscesses. He was under my treatment for four or five days when his relatives prevailed upon him to abandon homeopathy and take to allopathy. This he did and many injections were tried by the allopaths and he succumbed to blood poisoning. This year his widow had the same disease and I cured her with the indicated remedies. For the appearance of numerous boils one after the other I gave one dose of Hippoz and it did its work wonderfully. In the Guiding Symptoms we have the following diseases where Hippozænin is useful :—

Carbuncle, Plague, Elephantiasis, Obstinate syphilitic sores with great fetor, Cancer, Scrofula, Abates recurring aggravation of inflammation, Malignant erysipelas, particularly if attended with large formation of pus and destruction of parts.

This medicine requires further trials.

Kali Nitricum is very little used by our brethren

of the new school of medicine. We made use of it somewhat extensively and have been quite satisfied with the result. It is used for urinary troubles by allopathic doctors and we often follow them. That is bad, we must be guided by the indications.

In urinary troubles I use it sparingly. In profuse and colorless urine I found it valuable. It is like the same as it happens in cases of Diabetes Insipidus.

In dysentery it is useful but my knowledge here is not very assuring. Hering says diarrhœa after eating veal.

In dysentery stools are slimy and bloody with cutting colic before, during and even after stools. In an obstinate case of dysentery with the above symptoms I saw Dr. B. L. Bhaduri cure the patient with the 30th potency of it frequently repeated.

In a case of mine where other remedies failed, I gave Kali nitric 6x and with great benefit.

In female disorder of various kinds I found Kali nit of much value. In a young lady with scanty menses with great suffering and black blood, this medicine did wonders. Menstrual blood black as ink, with much suffering. Thin, white, mucous leucorrhœa, with pain in small of the back as if bruised:

Acetic acid—is a very useful remedy, but little used. Pale and sickly person, face perfectly pale, looking like one smeared with wax. Emaciation and anæmia with dropsical swelling. Anæmic patients gradually become phthisical if not properly treated. I had the case of an elderly person perfectly bloodless,

eyelids puffy, slight cough and feet œdematous. Acid Acetic cured that case.

Diarrhœa, distention of abdomen with flatulence in a debilitated person. I had a young woman after parturition completely anæmic with morning diarrhœa and passing of flutulence, cured with this remedy.

It is a useful remedy in cases of cancer.

Calcarea fluorica.—I have used this remedy in cases of catarrh with marked benefit. Blur before the vision after using the eye for sometime. Chronic ulceration of cornea is often cured. All the symptoms of this medicine are aggravated by cold or change of weather but ameliorated by warm application and warmth generally. Like *Rhus tox* the symptoms are worse during rest. In fibroid tumor or in bony tumor it is a useful remedy. Dr. Kent says its curability in indurated infiltration of glands, cellular tissue and bony formation is unique. A nodule in the course of a tendon, an exostosis, a stony hard gland, bony infiltration in the periosteal hard bodies in cartilages have been cured by this remedy.

It is deep-acting remedy, so it should not be repeated too frequently. I have used it in both high and low potencies with almost equal success. Thirtieth potency is my favorite prescription.

Sore throat with ulceration and granulation after *Baryta c.* failed.

THE LOGIC INFINITESIMALS.

By FRANK W. PATCH, M. D., FRAMINGHAM,
MASSACHUSETTS.

To what extent is present day Homeopathy justified in its accepted drug usage? Has recent investigation thrown any new light on the philosophy of Hahnemann? What is the limit of potentization of drugs within which we may be expected to get results?

These are some of the questions that have been propounded for discussion at this year's session of the Institute and while little has been gained in the past through controversy over these especial features of our art they nevertheless must be considered proper subjects for consideration, provided they can be handled in a spirit of fairness and without personal criticism or animosity.

In the first place it should be understood that the question of potency is not one of the essentials of Homeopathy. Selected according to the totality of the symptoms, the similar remedy may be expected to accomplish its mission in a curable case of illness in a variety of potencies from the tincture upward. Undoubtedly the results are governed in some measure by the degree of sensitiveness of the individual patient, or, as some would say, the idiosyncratic state of the patient.

There is ample evidence, it would seem, of the curative power of all these varying potencies in certain instances, consequently there is no occasion for any but a friendly discussion of the subject and no reason for impugning the honesty of one who aligns himself either with high potentists or low potentists; the opinion of each is based largely on his personal experience as a practitioner and we may assume that

* Bureau of Homeopathy, A. I. H., 1917. Published by request simultaneously in *Hahnemannian Monthly*.

the opportunities for observation have been similar and the ability for judgment not widely in favor of one or the other.

The evidence of Hahnemann himself, than whom no one more capable of logical observation has ever lived, covered a wide range of potencies varying from the tincture to the thirtieth centesimal and probably even higher. He was able to report cures with all of these.

This clinical experience has been repeated by a large number of other men whose early practice has been limited to low potencies and who through the patient observation of years have been led higher in the scale until in maturity they have limited practice almost entirely to the mere minute dosage.

Bernhard Fincke, a scholarly physician long resident in Brooklyn, pursued for many years a series of observations on the clinical effects of the higher potencies. His work in its accuracy was comparable to that of the modern laboratory men and his methods excite admiration for their modesty of statement and the orderly manner in which he worked out his conclusions. He made many interesting observations on the probable action of drugs on the physical economy and also of possible means of accounting for the evident medicinal content of the higher potencies.

At the time of Dr. Fincke's activity it is doubtful if demonstration of drug matter had been carried beyond what we now considered the lowest potencies, yet he conceived a resemblance between infection as it occurs in disease from cell to cell of the body and the infection, if we may so term it, of medicinal power taking place between medicated and unmedicated globules.

Electric transmission also came under his observation in an effort to discover through analogy some logical explanation for the known facts of Homeopathy.

Enough evidence is produced in the daily practice of any Physician using drugs under the law of similars even in the lowest potencies to convince the thoughtful observer that his results must be accounted for in some other than the purely physiological manner. No one would expect to get physiological results from a few drops of the tincture of chamomilla administered to a fractious child, yet the results are evident and must be explained. Is this fact necessarily more or less results than that a brother physician sees equally brilliant results in the use of the one thousandth potency of Sulphur? Neither effect has been brought about by purely physiological means, therefore we are all on common ground and can unite in searching for other explanations of this well authenticated phenomenon.

The possibility of susceptibility and immunity as a factor in the action of drugs and foods alike has been suggested.

In his latest studies into the causation of arteriosclerosis Bishop has found the susceptibility of the individual to the action of some one protein to be of more importance than the effect of a so-called high protein diet indiscriminately used. It is not improbable that this very very fact of susceptibility under another caption may play an important part in our drug usage.

We have always recognized the universality of the underlying principle of Homeopathy. In view of this we must not be surprised if all investigators do not accept our name even though they recognize our principles. Likewise we in our turn must be broad enough to accept scientific evidence from any source whatsoever that may strengthen these foundations. In time all this thought will become amalgamated through the combined effort of many minds.

The work of Goodale and others in ascertaining the reaction of certain vegetable proteins as found in the pollen of

plants supposed to be influential in the causation of hay fever is noteworthy, and presents so strong a resemblance to a crude form of Homeopathy that one can but wish the inspiration might be carried a little farther. Here the semblance of a "proving" was attempted and treatment by means of "dilutions" carried out subcutaneously rather than by the mouth which of course renders the plan far more complicated and less practicable than its older prototype.

(To be continued.)

—*The Journal of the American Institute of Homeopathy.*

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রোডে, ১১১ নং ক্রমপোরেনসন ট্রাটে, এবং ২০১ নং কর্ণওয়ালিস ট্রাট, বেঙ্গল
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[নূতন হোমিওপ্যাথিক পুস্তক ।]

হোমিওপেথিক চিকিৎসা-সার ।

মূল্য ২।০ টাকা, ডাকমাণ্ডল স্বতন্ত্র ।

গৃহস্থ এবং চিকিৎসকমাত্রেয়ই এই পুস্তক রাখা উচিত । ইহাতে নূতন ঔষধ সকল সন্নিবেশিত হইয়াছে এবং ঔষধ সকলের প্রভেদও অতি সরলভাবে ও সংক্ষেপে বর্ণিত হইয়াছে । অধিক কি, এই পুস্তকের সাহায্যে প্রায় সকল রোগেরই চিকিৎসা অতি সহজেই করা যায় ।

কলেরা বা

ওলাউঠা-চিকিৎসা ।

এই পুস্তকে ওলাউঠার ইতিহাস, রোগতত্ত্ব, চিকিৎসা, পথ্যাদির নিয়ম প্রভৃতি সকল বিষয়ই বিস্তৃত ভাবে ও সরল ভাষায় লিখিত হইয়াছে ; এবং ডাক্তার বিহারিলাল ভাট্টা, প্রতাপচন্দ্র মজুমদার ও জিতেন্দ্রনাথ মজুমদার মহাশয়দিগের অভিজ্ঞতাও সন্নিবেশিত হইয়াছে । কয়েকটি রোগীর চিকিৎসা-বিবরণ দিয়া ঔষধ সকলের ব্যবহার বুঝিবার পক্ষে বিশেষ সুবিধাও করিয়া দেওয়া হইয়াছে ।

মূল্য ২।০ টাকা, ডাকমাণ্ডল স্বতন্ত্র ।

পুস্তক দুইখানি কলিকাতা, ২০৩ নং কর্ণওয়ালিস স্ট্রীটে প্রাপ্য ।

হোমিঅ্যান

হোমিওপ্যাথিক বাঙ্গালা মাসিক পত্র ।

১২৯১, বহুবাজার ষ্ট্রীট, কলিকাতা ।

বার্ষিক মূল্য—সডাক ২৫০ মাত্র অগ্রিম দেয় ।

সম্পাদক—ডাঃ আর, আর, ঘোষ, এম, বি, (রিটার্ড এডিটর সার্জন) ।

কলিকাতার খ্যাতনামা হোমিওপ্যাথিক চিকিৎসকগণ কর্তৃক পরিচালিত ।

হোমিঅ্যানের অর্গান ও কেণ্টের হোমি-ফিলজফির সরল বঙ্গানুবাদ, ভৈষজ্যবিজ্ঞান, চিকিৎসিত রোগীর পুঙ্খানুপুঙ্খ বিবরণ ও প্রমোদ্য সাহায্য মফস্বলের চিকিৎসক, গৃহস্থ ও শিক্ষার্থীগণের সন্দেশ ভঞ্জন করিয়া সহজ ভাবে হোমিওপ্যাথি শিক্ষা দেওয়া হয় । এক্ষণে মাসিক পত্র এই নূতন এবং সর্বত্র সমাদৃত । আজই গ্রাহকশ্রেণীভুক্ত হউন ।

বি, সি, ধর এণ্ড ব্রাদার্স ।

বিশুদ্ধ আমেরিকান হোমিওপ্যাথিক ঔষধালয় ।

৮১নং ক্লাইভ ষ্ট্রীট,—কলিকাতা ।

টিউব শিশিতে ড্রাম /১০ ও /১৫ পয়সা ।

আমরা আমেরিকার বিখ্যাত “বরিক এণ্ড টেফেলের” নিকট হইতে বিশুদ্ধ হোমিওপ্যাথিক ঔষধ, শিশি, কর্ক, গ্লোবিউলস, স্ক্‌গার অব মিক্স ও পুস্তক ইত্যাদি প্রচুর পরিমাণে আমদানি করিয়া বাজার অপেক্ষা অল্পমূল্যে বিক্রয় করিতেছি । ইহা ব্যতীত বাঙ্গালা পুস্তক, কাগজের কেশ, কাঠের কেশ, খারমোমিটাব, পিচকাবী ও চিকিৎসা সম্বন্ধীয় যাবতীয় দ্রব্যাদি অধিক পরিমাণে ষ্টকে মজুত রাখিয়া সম্তাদরে বিক্রয় করিতেছি ।

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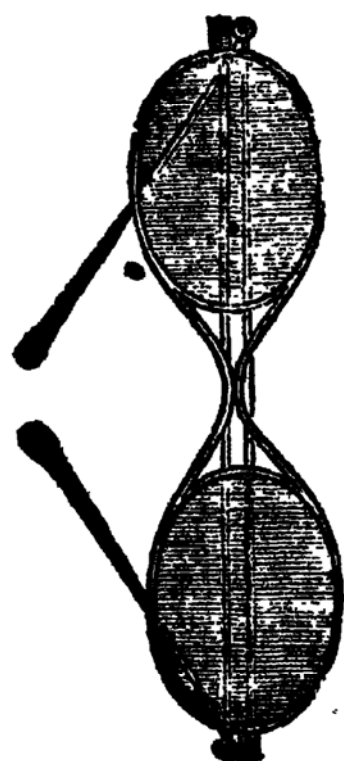
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"The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute medicine."

—HAHNEMANN.

VOL. XXVII.] DECEMBER, 1918. [No. 12.

DIABETES MELLITUS.

It is also called glycosuria. It is a disease characterized by frequent and copious secretion of urine, sugar in the urine and loss of flesh and strength.

Causes. Persons of all ages and circumstances suffer from this disease, but more so the rich and the indolent. Heridity plays an important part in the causation of this disease. Food containing carbohydrates and great quantity of sugar is said to be an exciting cause. It may be caused by emotions of various kinds.

Symptoms. Excessive secretion of urine is the principal symptom. From 10 to 30 pints of urine is passed in 24 hours. Urine is like clear water, of sweetish taste and smell. Its specific gravity ranges from 1025 to 1050. If urine is kept for sometime,

it gives out bubbles of air. Digestive derangements are the principal symptoms in this disease. Bulimia, excessive thirst, tongue red and furred, gums spongy. There is gradual emaciation, skin dry, face anxious, extreme weakness, chilly feeling or burning of the body, no desire for work, pain in limbs and sexual power diminished or completely lost. It is often followed by tuberculosis. Impairment of vision is often an early symptom.

Death rarely takes place in the early stage of the disease, but in acute cases it often happens soon. It generally takes a chronic form and death is gradual.

Complications and Sequelæ. Usually there is little or no perspiration. Boils and carbuncles are its frequent attendants. Sometimes there is gangrene. Itching and cracks on the skin, especially of the prepuce and scrotum. Nervous system is affected in various ways.

Treatment. Dietetic, hygienic and medicinal.—First of all diet must be regulated. Those kinds of food which favor the formation of excessive sugar must be stopped. But all kinds of food must not be withheld, because that would produce loss of flesh. Bread, fish, meat, vegetables and eggs may be taken. Milk *ad libitum* may be taken. Dr Dankin's milk treatment is very efficacious. Our Kāpirajs give plenty of milk in diabetes. We saw Dr. Goodeve Chakraborty treating his cases in the Calcutta Medical College with good quantity of milk. Brandy and other spirits, coffee, tea, soda water must be stopped.

Among the medicines *Uranium nitricum* stands

high in this disease. Dr. Hale spoke highly of it and in this country we saw Dr. B. L. Bhaduri using it extensively with good results. He gave it in the 3rd dec. trituration. I often give the 30th potency. Cases arising from indigestion are best benefited by it. General weakness, chilly feeling, sugar in the urine, great thirst, salivation, frequent and copious urination, cough, tubercular deposits in the lungs, drowsiness and emaciation are its symptoms.

Phosphoric acid ranks next to uranium in this disease. Not only the quantity of urine is reduced but sugar also lessens. Weakness from loss of fluids, grief or sorrow, pain in joints, prostration, mental and sexual debility, hopelessness and apathy, loss of hair, dimness of vision, great thirst, acid eructation, constipation, breathing hard, urine white as milk, small boils,—these are its symptoms.

Arsenic. We use Arsenic in many cases with great benefit. When the patient is very weak, and emaciation, great thirst, restlessness, burning of the body and gangrene threaten, then Arsenic is our great help. Some recommend Bromide of ars. in low potency.

Plumbum produces sugar in the urine, so it is a remedy for diabetes. Great constipation, loss of strength. It is very efficacious if there is derangement of the kidney.

Arnica is for injury especially of the brain.

Hahnemann recommends *Argentum metallicum* is a good remedy for diabetes. The cases arising from indigestion and nervous debility are the cases for it.

Sugar in urine, scrotum and feet are swollen, itching of body, shaky teeth, skin dry and bloodless.

Sulphur has many symptoms of diabetes, emaciation, constipation, profuse urine.

Asclepias vintox. Dr. Hughes admires this remedy greatly ; copious urine and great thirst, bleeding gums rheumatic pains in body, are its symptoms.

Sizium-Jambolanum. This is a medicine from our Jam-fruits. It has been found efficacious in reducing sugar in urine. Dr. Hale recommends 1x trituration of the seeds. We know that eating fruit reduces sugar and quantity of urine.

Terebinth is also useful in this disease, urine profuse and frequent, no appetite but much thirst, tympanitic distention of abdomen. It is also very useful in uræmic conditions.

Lactic acid is said to be a good remedy for diabetes, but it is more useful in the insipidus form.

DIABETES INSIPIDUS.

In this disease there is no sugar in the urine, but only the quantity of urine is increased ; so it is also called polyuria. Excessive thirst, emaciation &c. are present. Phosphoric acid and *Scilla* are the two prominent medicines in this disease. *Secale*, *Lycopus*, *Digitalis* are also useful.

P. C. M.

INFLUENZA AN ANCIENT DISEASE.

(Continued from page 264, No. 11, Vol. XXVII).

"*Hepar Sulph.*—In persons who have taken much Calomel, and who become assailed by epidemic influenza, with fever and pains in the limbs, aggravated by cold air, and motion causes a headache.

"*Lachesis.*—When the influenza is characterized by severe catarrhal symptoms and running of watery fluid from the nose, which at the same time is swollen and very sore, we have many times employed the three last named remedies in various attenuations, in the treatment of influenza, and when correctly affiliated we have without exception cured our patients. But latterly we are induced to give the high potencies credit for the greater promptness in affording relief.

"*Euphrasia* and *Alium cepa* have been satisfactorily employed by us in that stage of influenza characterized by a white mucous discharge from the nose, with watery eyes, sore and running.

"*Pulsatilla* when there is loss of appetite and smell, and the discharge from the nose is thick yellow mucus ; sometimes greenish and offensive.

"*Ipecacuanha*, *Arsenicum*, *Bryonia* for asthmatic breathing in influenza. The above remedies in medium potencies, if well affiliated, will satisfy the patient and reward the practitioner."

AN OLD YET NEW TREATMENT OF INFLUENZA.

There is a treatment for Influenza that is more than a hundred years old, and yet it is the best and most modern. We refer to the Homeopathic treatment. From an old and popular book by Laurie and McClatchey, copyrighted in 1871, we quote the description of the symptoms and treatment of Influenza, as follows :—

Symptoms.—Catarrh appearing in an epidemic form, attended—in addition to the symptoms of “Common Cold,” namely, slight fever, impaired appetite, obstruction of the nose, sneezing, unusual languor, pains in the head, or in the back and extremities, and subsequently hoarseness or cough, generally preceded by transitory chills or shivering, also a slight degree of wheezing and difficulty of breathing—with *extreme oppression and prostration of strength* ; sleepiness, followed by shuddering and general chilliness ; rheumatic pains, or pains as if bruised or beaten, in the back or limbs ; intense frontal headache, sometimes extending to the bones of the face, with pressive, aching pains in the other parts of the head, giddiness, ear-ache, and in some cases, swelling of the glands beneath the ear, offensive sweats ; slight redness of the eyes, with painful pressure, and sensibility to light ; discharge from, or obstruction of, the nose : dry, shaking cough, or cough with more or less expectoration, and which produces distressing fatigue in the chest ; dryness of the throat, and, subsequently, dry, burning heat of the skin, loss of appetite, nausea together with soreness of the throat, and some degree of hoarseness.

INCIPIENT STAGE.

Treatment.—Camphor (saturated tincture). This medicine, when employed upon the earliest manifestation of symptoms of Influenza (or of Common Cold during the prevalence

of Influenza), characterized by chilliness, shivering, and general sensation of uneasiness, will frequently prove effectual in arresting the further development of the disease. In a more advanced stage, moreover, Camphor is equally indicated and is often of great service, when laborious, *asthmatic* breathing, accumulation of phlegm in the air-tubes, and cold, dry skin occur as predominant symptoms.

Dose : One drop of the saturated tincture on a small lump of fine loaf-sugar, repeated at intervals of one hour, until amelioration or change.

Nux-vomica—This remedy has also repeatedly proved of great efficacy in the first stage of influenza or grippe ; and, frequently, when timely administered, in the cases in which it is indicated, prevents the development of the disease. The symptoms which point out the fitness of Nux-v. are chiefly as follows : Obstruction of the nose ; hoarse, hollow cough, excited by tickling in the throat, and attended with severe headache ; confusion in the head, giddiness ; want of appetite, disgust at food, acid taste, or vomiting of bitter acid matter ; thirst ; pain as from a bruise under the short ribs ; aching pain in the lower part of the back ; constipation ; pain in the chest as if from excoriation ; alternate heat and chills ; general aching and prostration ; sleeplessness, nocturnal excitement, and restlessness ; pains in the face and teeth.

Dose : Two globules in a teaspoonful of water, repeated for three evenings successively.

INFLAMMATORY STAGE.

Treatment.—**Aconitum** is indicated when the disorder assumes an inflammatory character, with quickness, hardness, and fullness of pulse, dry, hot skin, and short, harsh, shaking cough.

Dose : Of a solution of six globules to two table-spoonfuls of water, give a teaspoonful every three

hours, until the fever-symptoms abate, or until other manifestations, distinctly indicative of different remedies, occur.

Nux-vomica should again be employed, in the inflammatory stage of influenza, if, after the fever-symptoms have yielded in a degree to the action of Aconite, the symptoms already enumerated under the head of this medicine (Nux-v. above), recur or continue as prominent manifestations.

Dose : Of a solution of eight globules to three tablespoonfuls of water, give a teaspoonful every six hours, until distinct amelioration or change.

Arsenicum.—The following are the characteristic indications for the employment of this important remedy : Heaviness and rheumatic pain in the head ; profuse, watery and corrosive discharge from the nose, causing a disagreeable burning sensation in the nostrils ; violent sneezing ; shivering and shudderings, with severe pain in the limbs ; oppression of the chest ; difficulty of breathing ; thirst ; anxiety ; restlessness ; *great prostration of strength*, with aggravation of sufferings at night, or after a meal ; inflammation of the eyes, with sensibility to light. These symptoms may be attended with a deep, dry, fatiguing cough, exacerbated in the evening, at night, or after drinking ; or with sensations of dryness and burning, with mucus in the throat, which is difficult to detach.

Dose : Two globules in a teaspoonful of water, every two hours until the symptoms are moderated, and then every six hours, until amelioration or change.

Mercurius.—This remedy is indicated by the following symptoms : Chilliness, or, on the other hand, alternate chills and heats, followed by profuse perspiration, unattended by mitigation of suffering ; severe cold in the head, with

copious, acid, watery discharge ; fever, with general heat ; great weakness, relaxed bowels, headache ; pains in the head, face, teeth, and chest ; sore throat ; swelling of the glands beneath the ear ; violent, choking cough, at first dry, but subsequently moist, with copious secretions of phlegm—the paroxysms of coughing being commonly excited by irritation in the throat and chest ; aching in the bones, and slimy, bilious diarrhoea, attended with straining. This remedy has also proved of great efficacy when symptoms of pleurisy, with copious, unmitigated perspiration, supervened ; as also when the liver became implicated in the general derangement, the pains in that organ partaking more of an obtuse than of an acute description.

Dose : Three globules in a teaspoonful of water, every three hours, until amelioration or change ; but, if the subjoined symptom should become very prominent, pause six hours after the last dose of Mercurius, and proceed with the next medicine.

Belladonna should be administered six hours after the last dose of Mercurius, when the tonsils are inflamed and swollen. Belladonna may, however, also be required (independently of other remedies), when such symptoms as the following predominate : dry, spasmodic cough, aggravated at night, and severely affecting the head and stomach at each paroxysm ; hot, dry skin ; sore throat ; excessive, almost insupportable, headache—increased by talking, moving, or bright light—with pain, as if the brain would be forced out of the cranium, on coughing, stooping, or leaning forward ; confusion of ideas on closing the eyes.

Dose : Three globules in a teaspoonful of water every four hours, until the symptoms are moderated ;

and then every eight hours, until positive amelioration or change.

Phosphorus has frequently been found exceedingly useful when there was excessive irritation in the windpipe and its ramifications, bordering on inflammation, with alteration of the voice, and pain during articulation.

Dose : Three globules in a teaspoonful of water every three hours until amelioration or change.

Bryonia has often proved of great service in relieving the violent, pressive, aching, bursting frontal headache, dry, hot skin, with or without fever, and cough, both day and night, with scanty or copious, easily loosened, white or yellow-colored phlegm ; or when the cough produced pain in the upper part of the belly, and caused a pain, as if arising from the effects of a blow, beneath the breast-bone or under the short ribs. It has further been found of great efficacy when the liver was tumefied, painful to the touch, or on coughing, or taking a full inspiration ; also when vomiting was liable to take place after coughing.

Dose : Of a solution of six globules to four teaspoonfuls of water, give a teaspoonful every four hours, until amelioration or change. If in alternation with Carbo-veg. (as below directed), the like solution of each should be separately made and administered by teaspoonful, so that an interval of six hours shall elapse between doses.

Carbo v. is useful in old people, sometimes in alternation with Bryonia, when the chest is considerably affected, the breathing oppressive, the extremities cold, with threatening paralysis of the lungs, so called.

Dose : A solution of six globules in every respect, whether singly or in alternation, as directed for Bryonia.

Pulsatilla is indicated by loose cough day and night, exacerbated by lying down, thick, offensive discharge from the nose, pain in the forehead or in the cheek-bones, red, and watery eyes, tendency to relaxation of the bowels, loss of appetite, foul tongue, disagreeable or insipid taste in the mouth, chilliness, sleeplessness, and nocturnal restlessness.

Dose : Of a solution of six globules to four teaspoonsful of water, give a teaspoonful every four hours until amelioration or change.

Rhus. In cases arising after exposure to a thorough wetting, and accompanied by great anxiety, frequent, involuntary fetching of a deep inspiration, corporeal restlessness, with incessant changing of posture, nocturnal cough, attended with difficult expectoration of white-colored phlegm on first awaking in the morning, and general prostration—this remedy is indicated.

Dose : Dissolve six globules in three tablespoonsful of water and give a teaspoonful of the solution every six hours until amelioration or change.

Opium has, in some cases, been successfully employed when other remedies had failed, against distressing, dry cough, or cough with difficulty in expectorating the phlegm, which has been detached, the paroxysms of which were always followed by yawning.

Dose : Three globules in a teaspoonful of water every four hours until amelioration or change.

Chamomilla is often of special efficacy in the case of children, after the previous employment of *Aconitum*, when the voice is hoarse, and there is rattling of phlegm in the chest; when the cough is frequent and the paroxysms are protracted, particularly at night; further, when there are sweating at the head, great thirst, and excessive fretfulness. In adults, *Chamomilla* is also of frequent utility, especially when the

fits of coughing are excited by tickling in the throat (upper part of the windpipe), and there is expectoration, with rattling of phlegm in the chest, and when diarrhoea accompanies or forms a prominent feature in the complaint.

Dose : Of a solution of six globules (or, for very young children, of three globules) to four teaspoonful of water, give a teaspoonful (or for children half a teaspoonful) every four hours, until amelioration or change.

Arnica may be administered with advantage in some cases, particularly when pricking pains are experienced in the chest during inspiration, with aching pains over the whole body, headache and discharge of blood from the nose.

Dose : Three globules in a teaspoonful of water every six hours until amelioration or change.

Ipecacuanha may prove of great service when there is vomiting or violent retching, during or after each fit of coughing.

Dose : Three globules in a teaspoonful of water after each violent fit of coughing (but not more frequently than every two hours) until the vomiting or retching ceases to accompany the attacks and the cough becomes less violent, or until some important change otherwise takes place in the character of the symptoms.

Conium is characteristically indicated when the cough continues almost incessantly during the night until relieved by vomiting a quantity of frothy phlegm.

Dose : Three globules in a teaspoonful of water night and morning until amelioration or change.

Sulphur has repeatedly proved useful when, at the termination of the disorder, dull pricking pains in the chest are experienced on taking a deep breath, or after a severe fit of

coughing ; also when there is oppression at the chest, as if arising from a heavy weight resting upon it.

Dose : Three globules in a teaspoonful of water morning and evening for four days (or until the earlier development of new symptoms, improvement or change) ; then pause four days, after which the course may be repeated as before, if still required.

NEGLECTED OR PROTRACTED CASES.

Stannum is often of great service in neglected or protracted cases characterised by easy but excessive expectoration of phlegm.

Dose : Three globules in a teaspoonful of water every six hours until four doses have been given, and then night and morning until amelioration or change ; but, if the subjoined symptoms and conditions supervene, pause two days and proceed with the next medicine.

China may advantageously be administered forty-eight hours after the last dose of Stannum, when the expectoration has diminished, or when the fits of coughing are excited by a rattling under the breast-bone, as if arising from an accumulation of phlegm.

Dose : Four globules in a teaspoonful of water, night and morning, until amelioration or change.

AFTER EFFECTS OF INFLUENZA.

SPASMODIC COUGH.

Treatment.—Hyocyamus is a useful remedy against the distressing, spasmodic cough which occasionally remains after the acute symptoms of Influenza have been subdued.

Dose : Three globules in a teaspoonful of water night and morning until amelioration or change.

TENDENCY TO PULMONARY CONSUMPTION.

Stannum, Carbo-veg.—these medicines, administered alternately :

Dose : First three globules of Stannum in a tea-spoonful of water, night and morning, for four days, then an interval of three days ; after which, the like doses of Carbo-veg. should be similarly administered ; and so on, alternately for three weeks, or until the earlier development of new symptoms, positive improvement or change in the state of the patient.

Just as we go to press we received the following word from Dr. Charles E. Johnson, Sherman, Texas, under date of Oct. 11, 1918 : "Homeopathy's recoveries from the influenza have stacked up so far 100 per cent."

Evidence is accumulating tending to support the idea that Auto-Hemic Therapy is the ideal treatment for the sequela of "grippe." We request every physician who has used Auto-Hemic treatment in the acute or in the after troubles of influenza to report results promptly to us.

OUR PRESENT EPIDEMIC OF INFLUENZA.

FOOD FOR THOUGHT.

By H. W. PIERSON, M. D., Chicago.

There may be a specific infection. The laboratory specialist—the man who is "up in the air" until he finds a tangible something that seems to sustain a *causal* relation to the disease in question—is pushing his experiments with tireless

energy because of his belief that with the isolation of this germ he will have solved the whole problem. All the rest will be easy. Simply develop a culture from which can be prepared a serum capable not only of cutting short the immediate effect of the infection, but when given in advance of securing an immunity that would be most comforting if it were true.

Now, what are the facts? I am frank to confess I do not know. It is logical to assume that the individuals who have been under our care prior to this epidemic have been exposed in like manner—their neighbors and associates. For some reason not a single one of them has been dangerously ill. Only two have felt disposed to give up and go to bed. Every one, without exception, coming under my care for the first time who had depended upon calomel, salts, quinine, etc., in previous periods of sickness were bedfast and slow in recovering from the effects of this infection. Even with this class there has been no fatalities.

The epidemic presents its most virulent type in the different army camps. These camps were selected with great care. The sanitation was as nearly perfect as the laboratory scientist could make them. The boys selected represented the highest type of physical perfection. Most of their waking hours were spent in a true physical exercise, intended for the development of the highest type of physical endurance. The food was carefully selected and given in accord with the latest ideas of our dieticians. How do you account for this peculiar states of affairs? It certainly furnishes food for thought. Every man was vaccinated with the belief that absolute protection against smallpox was secured thereby. Some of the boys were made quite sick thereby. The statistics are so overwhelming against this conclusion that compulsory vaccination has been done away in

the British army. This vaccination was followed by inoculation with serums for protection against typhoid fever, tuberculosis, syphilis, etc. There was no discrimination shown. Every man capable of standing the rigid physical examination was compelled to submit to this ruling of the medical department regardless of his personal wishes. Practically in every instance there was tangible evidence of systematic infection. To what extent vital life centers became involved by these repeated invasions the records of the future will determine. One thing is certain, the first great epidemic following this wholesale employment of serums for protection against preventive diseases gives food for much thought.

In marked contrast with the experience of the laboratory expert who practically ignores the important factor of the peculiarities of individual susceptibility we find that physicians possessing an intelligent knowledge of the philosophy underlying the Homeopathic "Law of Similars" and a practical knowledge of the indications of large list of thoroughly proven remedies found in the Homeopathic Materia Medica faces the epidemic with the same confidence and positive assurance that he meets the varied manifestations of disease in his daily practice. No new factor has been added. He makes a careful study of the *peculiarities of the individual and bases his prescription upon the picture presenting, regardless of the name of the disease.* This likewise furnishes food for careful thought.

INFLUENZA.

By EUGENE HUBBELL, M. D., St. Paul, Minn.

Thirty years ago a similar epidemic to the present one swept over this country. In its virulency it was quite similar to the present one. Lesser epidemics with varied degrees of

severity have visited this country at various times and intervals. Most physicians are familiar with the symptoms accompanying this malady. Its cause seems to be yet unknown. Much ado is being made in regard to quarantine and other precautionary measures. The writer is of the opinion that altogether too much newspaper notoriety is being given to the public. It is decidedly wrong to load up a suspecting and fearful public with harrowing details of any kind of disease. Fear is one great predisposing factor in all so-called contagious diseases. From the writer's experience, one of the most important things is first to free the alimentary canal. This is best accomplished by saline laxative and a high S S enema. This should be thorough. If there is much soreness accompanied by a cough, local applications to the chest like anti-phlogistine applied hot and well covered with a thick layer of cotton so as to retain the heat, will give marked relief in cases complicated by pneumonia. The headache, usually one of the first symptoms, is often very severe and we must do something to mitigate the same. Some of the coal tar products like brocafalid have given me good service in not only relieving the headache but the general aching throughout the system and a reduction of the temperature. I know that many are opposed to any product, but when judiciously used they are a great help in this line of trouble. Gels. Bry. Rhus. Echinacia are among the most common remedies found indicated from the writer's experience. Ars. Iod. China. Ars. and Strych. Phos. have generally been the main stays as after treatment to overcome extreme prostration and general debility resulting from the disease, especially where the heart may be involved. The diet should be simple and nutritious, not forced upon the patient until he begins to have an appetite for food. As soon as the stomach is in condition to digest food, it will make its wants known. This

is an exceedingly good guide in the management of all diseases. Water may be given ad libitum. Patient should be kept warm and efforts made to keep up perspiration. If these rules are followed, but few fatalities will occur.

324 Bremer Arcade.

—*The North American Journal of Homeopathy.*

BAPTISIA.

BAPTISIA TINCTORIA. *Tincture of fresh root and its bark.*

Baptisia is one of the important remedies introduced into the Homeopathic Materia Medica after the death of Hahnemann. It very rapidly came into use, because the indications for it are clear, and because as they generally occur in acute or subacute diseases its value can be speedily tested and thereby established.

Baptisia corresponds to febrile complaints of a definite type, the fever that indicates either a slower or more ineffective reaction to infection or a more poisonous invasion than is the case, for instance, with the fever that calls for *Aconite*. Its analogies are rather with *Bryonia*, *Arsenicum* or *Gelsemium*, and indeed either of the first two may be needed to complete the favourable re-action which *Baptisia* may initiate. When *Baptisia* is indicated the case from the first is obviously more or less overwhelmed by the invader: there is a great mental confusion, it may be amounting to stupor or suggesting intoxication. Concentration is very difficult, the mind wanders. A curious mental symptom is very characteristic of the drug, and in some degree is quite frequently encountered in practice if the physician is alert to notice it. It is a sense of a divided personality, expressed in a variety of ways: sometimes the patient thinks in delirium that his body is

double or scattered in some way with the pieces retaining separate consciousness : or there will be a feeling of two contending wills. Naturally, these illusions and sensations are heightened by the rising temperature and may go on into actual delirium. This is usually rather stuporous : the patient can be roused and will answer questions often vaguely or in such a way as to indicate the characteristic "divided personality" and then sink again into sleep. Yet there are indications through the heavy drowsy condition of considerable mental restlessness. It happens that R. L. Stevenson has left on record account of a personal experience which gives a masterly description of phenomena, analogies of which are not seldom met with though the sufferers from them have not the power either of analysis or of description to relate them clearly. The experience was during a bout of fever the result of an exacerbation of Stevenson's old enemy tuberculosis. This fact makes the symptom the more significant, for *Baptisia* is frequently of the greatest service in just such emergencies.* Stevenson relates that every day as his temperature rose he became aware of a conception arising in his mind that his sufferings were caused by the failure to join the ends of a certain piece of string. If the ends were joined (so his self of fever averred), the whole of his troubles would end. Simultaneously his normal "non-febrile" self knew that this was an absurd delusion, and struggled to hold back the expression of absurdity. But not finally with success for on at least one occasion he puzzled and distressed his wife by angrily asking in the person of his "febrile self", why she did not join the ends of the string and terminate the suffering. This.

* There is no reason to credit it with much power to combat or help the body to combat tubercle in its chronic forms, but to relieve the fever accompanying symptoms of acute and sub-acute exacerbations, there are few remedies more often indicated or more effectual.

is an admirable instance of a condition suggesting *Baptisia*. Recent studies of personality have rendered familiar (even to the popular press) the conception of it as no longer one and indivisible but as a compound of subliminal and supra-liminal selves with the liability of the invasion of the supraliminal "normal" consciousness by "uprushes" (in Myers' phrase) from the subliminal. These "uprushes" are coherent and beneficent in the inspirations of genius, incoherent, if not harmful, in delirium and madness. If then this conception, well fortified by many facts, corresponds to reality in the mental sphere, the brain, as the organ of mind, has presumably a condition or a structure which represents the "threshold" dividing subliminal from supra-liminal and now-permitting now inhibiting uprushes. It is as upon this structure, or as influencing this condition, that *Baptisia* may be held to act : but only in the way in which the general circumstances of fever act upon it. The delusions and illusions of insanity are not often helped by *Baptisia*, it is when the delirium of fever takes this particular form that the drug is so well indicated. When the "threshold" wears thin, as it sometimes does, as a result of overwork or mental stress, without any approach to actual insanity the drug whose indications oftenest come to the surface is *Anacardium Orientale*. It also seems to act on this region or condition that constitutes the "threshold", but not in the "febrile" way of *Baptisia*.

Side by side with the mental state state of *Baptisia* there are to be noted a variety of subjective and objective symptoms. Objectively the eyes are "bleared", the eyelids heavy, the countenance vacant, almost besotted. Subjectively the head feels large and numb : there is a bruised, aching soreness of head, especially in the occiput with drawing sensations in the muscles at the nape of the neck. The light tries the eyes, the lids may be even partly paralysed, the eyeballs are sore. The

limbs ache, the back aches : numbness and soreness appear here also. The feet feel heavy and difficult to move, but it is a functional not an organic paresis. The pharynx is often inflamed and ulcerated, and the œsophagus feels contracted so that swallowing is difficult, but the throat is as a rule less painful than its physical appearances would suggest. There is little or no coryza.

The tongue is swollen, dry, parched, cracked or ulcerated, with a brown centre coat, and a good deal of thirst but no appetite. It feels numb. Nausea, retching and vomiting occur early, with gastric and general abdominal pain and soreness of abdominal muscles. Empty sinking sensations are frequent. The stools are frequent, loose and foetid. All discharges are apt to be foetid, when Baptisia is indicated, stools, urine, sweat, and the breath is often foul from the ulcerated mouth and throat.

Symptoms are < on waking (as with the serpent poisons, which suit the profounder septic cases) < movement < open air and cold. Numbness, soreness and drowsiness recur over and over again in patients that need Baptisia.

When this very well defined symptom complex is reviewed it will be no matter for surprise that Baptisia has won such laurels in influenza and in enteric. It may be indicated also now and then in dysentery or colitis, or ill-defined intestinal conditions and it has been highly praised in some epidemics of small pox when many patients presented symptoms resembling the type of fever described. Its value in acute tuberculosis is considerable, and from time to time other febrile disorders may present a case that calls for it, but influenza and the varieties of typhoid are the conditions wherein it leaps to the mind of the homœopathic physician. Not that it is to be used as a routine remedy : its indications are clear, and save they are present it is not likely to avail,

but they are shown in these diseases with great frequency. If influenza exhibits much coryza or acute pain *Gelsemium* has claims, but the ordinary attack with its weary aching and prostration, especially if gastric symptoms supervene, yields to *Baptisia* with great rapidity and leaves much less mental weariness behind than when the drug has not been used.

The case for the use of *Baptisia* in typhoid is founded, for any homœopathic observer, on the symptoms as detailed above. It is particularly valuable at the beginning of the disease ; even before the diagnosis is certain the indications often appear. *Baptisia* given then aborts a certain number of threatening cases, such as our predecessors used to call "gastric fever" or "low fever." It cannot confidently be claimed that all or even some of these would, if untreated, have proved to be typhoid but a fact of great significance has recently been reported from America. Dr. R. Mellon,* working with young students, has shown that *Baptisia* possesses the power of producing, in the blood of healthy individuals an agglutinin which will agglutinate typhoid (Eberth) bacilli. Considerable doses are required to produce the phenomenon, but Dr. Mellon's experiments were conclusive as to its reality and definiteness. It was no mere shadow of a re-action that was produced, but one as clear and well-marked as would more than suffice for a confident Widal re-action and diagnosis. From this experiment emerges the significant result that a drug which on grounds of general symptomatology is indicated homœopathically for many cases of enteric, is found to possess the power of producing an antibody which can act as a specific resistance to the bacillus of enteric. The laboratory finding endorses the claim of the prescription from general likeness of symptoms between drug and disease.

One or two points suggest themselves for comment. First, although the agglutination re-action begins when regular doses of the 2x or even of the 3x are taken, it does not become unmistakable until the 1x and tincture are used and in large quantities. Yet cases seem to respond favourably to drop doses of tincture or of potencies such as 3x and higher. But it must be remembered that the production of typhoid agglutinin is not normally part of the body's work, and it may well be that a massive stimulus is required to start the process in a healthy body whereas if the process is already begun as a result of infection, a much smaller stimulus may encourage it suitably. In the provers persistent dosing with the drug ended in a cessation of agglutinin production, that is to say the power to make it was exhausted by over stimulation. This is a result only to be expected, a simple illustration of Arndt's generalisation as to stimuli, but suggests that in a case of disease the applied stimulus should not be too eagerly pressed. In practice Baptisia produces favourable results in potencies.

It might be deduced from this apparently specific reaction that all enteric cases should have Baptisia as a routine treatment. But the homeopathist, while agreeing that such a procedure would probably be generally useful, should still seek for a symptomatological resemblance between the drug and the given case of disease before giving Baptisia with full confidence. For the problem of recovery from an infective disease is not always simply and solely a matter of resistance to a given germ. The resistance may be effective enough and yet life, or at least health, be threatened through existing organic weakness and the temporary effect on it of disease. The point has been discussed in the introductory chapters : it is enough here to repeat that if the case requires Baptisia, symptoms will appear that call for it and if such

symptoms are absent it is doubtful wisdom to give the drug on its laboratory virtue alone. If given when not indicated it may conceivably check the resistance process, which was going forward without it, and meantime for lack of another remedy indicated by the symptoms, some serious damage elsewhere may occur.

Rhus Toxicodendron presents a good many symptoms similar to those that call for Baptisia in enteric. It is desirable to test also this drug as to its agglutinating power. Other remedies that resemble it in much of its symptomatology are Arnica, Gelseminum, Bryonia, Echinacea, Lachesis and Nitric and Muriatic acid.

—*The Homeopathic World.*
